

ADHS/CRS Flagstaff Medical Center

Administrative Review Contract Year Ending 2007



July 1, 2006 through March 31, 2007

Conducted by the Arizona Department of Health Services
Office for Children with Special Health Care Needs
Children's Rehabilitative Services Administration

Table of Contents

Fact Sheet	2
Executive Summary	4
Findings	7
Standards Summary	8
Claims Systems.....	22
Cultural Competency	41
Financial Management.....	50
General Administration.....	60
Grievance System	67
Medical Management	99
Member Services.....	125
Network Sufficiency	132
Quality Management	140

Fact Sheet

ARIZONA DEPARTMENT OF HEALTH SERVICES

OFFICE FOR CHILDREN WITH SPECIAL NEEDS

CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION (CRSA)

150 NORTH 18TH AVENUE, SUITE 330

PHOENIX, AZ 85007

602) 542-1860

ADHS/CRSA Review Team:

Joan Agostinelli, OCHCN/CRS Administrator
Jennifer Vehonsky, Division Chief, Compliance
Margery Sheridan, Division Chief, Consumer Rights
Ashraf Lasee, Division Chief, Utilization and Medical Man.
Judith Walker, Division Chief, Programs
Stephen Burroughs, Division Chief, Quality Management
Cynthia Layne, Chief Financial Officer
Dr. Mike Clement, CRSA Medical Director
Norma Garcia-Torres, Cultural Compliance Officer
Cheryl Prescott, CRS Finance Manager
Tim Stanley, Fraud and Abuse Manager
Mark Haldane, Contract Administrator
Vicki Margaritis, Contract Administrator
Earlene Allen, Utilization Management Specialist
Allen Anna, QM Project Specialist II
Marie Badr, QM Coordinator

Kristy Benton, Utilization Management Specialist
Heather Dunn, PIP Coordinator
Cheryl Figgs, QM Coordinator
Jerri Gray, HIPAA Data Manager
Linda Hamman, Community Development Manager
Luci Hodge, Appeals Coordinator
Julie Karcis, Research Manager
Thara MacLaren, Research Manager
Michele Reese, Utilization Management Specialist

Fact Sheet

Children's Rehabilitative Services at Flagstaff Medical Center Review Team:

Joanne Parkes, CRS Administrator
William Austin, M.D., Medical Director
Suzanne Tackitt, Compliance Representative
Susan Boness, Social Worker/Grievance Coordinator
Pam Garcia, QM/UM Coordinator
Sheila Schill, Clinical Coordinator/Physical Therapist
Josie Vaughan, Business Office Manager
Lorene Vicente, Financial Counselor

Executive Summary

Children's Rehabilitative Services Administration (CRSA) was created to improve children's quality of life by providing family-centered medical treatment, rehabilitation, and related support services to enrolled individuals who have certain medical, handicapping, or potentially handicapping conditions. In 1997, CRSA and the Office for Children with Special Health Care Needs (OCSHCN) were merged, permitting a coordinated and comprehensive approach to the planning, implementation and evaluation of programs and policies. Today CRSA serves approximately 20,000 children statewide.

The primary objectives of ADHS/CRSA Administrative Review are to:

- Determine if the Children's Rehabilitative Services at Flagstaff Medical Center (CRS Flagstaff) satisfactorily meets CRSA/AHCCCS' requirements as specified in the ADHS/CRS Contract, CRSA/AHCCCS policies, Balanced Budget Act of 1997 (BBA) and the Arizona Administrative Code (AAC).
- Perform oversight of CRS Flagstaff as required by the Centers for Medicare and Medicaid Services in accordance with AHCCCS' 1115 waiver.
- Increase knowledge of CRS Flagstaff's operational and financial procedures.
- Provide technical assistance to CRS Flagstaff.
- Identify areas where improvements can be made.
- Identify areas of noteworthy performance and accomplishments.
- Review progress in implementing recommendations made during prior Administrative Reviews.
- Determine if CRS Flagstaff complies with its own policies.
- Evaluate the effectiveness of those policies and procedures.

The ADHS/CRSA Review Team included employees of the CRSA Divisions of Compliance; Quality Management; Medical Management; Clinical Programs; Consumer Rights; and Finance.

CRSA provided CRS Flagstaff with the standards approximately two weeks prior to the onsite review, which was conducted on June 5-7, 2007. The Review Team performed an extensive document review, conducted interviews with appropriate CRS Flagstaff personnel. A brief summary and performance assessment of each program area follows:

Claims Systems: CRS Flagstaff's claims processing staff have done an excellent job in bringing their policies and procedures into alignment with the changes implemented in Chapter 50 of the Regional Contractor's Policy and Procedure Manual (RCPMP) this past year. CRS Flagstaff was in full compliance with 16 of 18 Claims standards.

Cultural Competency: CRS Flagstaff is in at least partial compliance with all cultural competency standards. CRS Flagstaff provides materials in different languages and notifies its members of how to access language services. In most cases, CRS Flagstaff provides interpretation services through its language line service provider. CRS Flagstaff provides cultural competency training, but should consider providing its staff the opportunity to participate in cultural competency trainings from CRSA and other sources.

Financial Management: CRS Flagstaff must correct deficiencies in its financial reporting packages to ensure that the financial statements are in line with the CRS Financial Reporting Guide. CRS Flagstaff has many processes in place to ensure current and accurate member insurance information. Full compliance in this area should be met with the implementation of the TPL standard to refer select cases to the appropriate CRSA representative.

General Administration: CRS Flagstaff was fully compliant with all 5 General Administration standards. It operates under Northern Arizona Healthcare's (NAH) Corporate Compliance Program. This appears to provide the clinic with a comprehensive and detailed compliance program and resources. While the NAH compliance program appears to address the seven elements required for a comprehensive integrity program, improved documentation linking the clinic's activities to the specific NAH compliance policies and procedures would be helpful. The addition of fraud and abuse specific audits by the clinic or NAH would also enhance the existing compliance program.

Grievance Systems: CRS Flagstaff has policies and procedures that address service denials and meet notification requirements. CRS Flagstaff has significantly improved its compliance with notification standards while under a notice to cure. Although CRS Flagstaff had no reported appeals during the review period, it has policies and procedures in place to meet all appeal and/or grievances requirements. Additionally, although CRS Flagstaff did not have any claim disputes during the review period, it has policies and procedures that describe a process to identify and report claim disputes.

Medical Management: CRS Flagstaff has worked to improve its performance in many areas of Medical and Utilization Management, however, CRS Flagstaff still needs improvement in several areas to become compliant with BBA, CRSA and AHCCCS standards. For example, CRS Flagstaff must improve documentation and develop processes as outlined in the report. CRSA will continue to provide technical support as needed and requested.

Member Services: CRS Flagstaff is in full compliance with all member services standards rated in this Administrative Review. CRS Flagstaff utilizes a comprehensive and efficient advanced directives process to document when members become of age.

Network Sufficiency: CRS Flagstaff has all required policies and procedures and other documentation related to their provider network, including but not limited to maintaining a directory of contracted providers and physicians and a schedule of specialty clinics, tracking current and anticipated member enrollment, estimating current and anticipated service utilization, and arranging second opinions at no cost to members. However, CRS Flagstaff should consider implementing more strategies to improve the overall sufficiency of its provider network. CRS Flagstaff must also improve its 45-day timelines for members' referrals to specialty clinic appointments and develop a written policy/process for providing urgent pharmacy services to members during non-clinic hours.

Quality Management: CRS Flagstaff was fully compliant in 7 of 12 quality management standards. CRS Flagstaff has made significant strides in improving compliance with CRSA credentialing/re-credentialing and provisional credentialing policies and ensuring implementation of credentialing, re-credentialing and provisional credentialing of the providers in its subcontractors' provider network. Additionally, it has implemented a process which appears to ensure medical records are accurate, current, and confidential.

CRS Flagstaff should improve its delegated services monitoring and oversight. Additionally, CRS Flagstaff should implement a process to confirm whether quality management interventions were successful and sustained.

CRS Flagstaff has demonstrated compliance to CRSA defined performance measures (minimum standard of 75% with a goal of 90% for each measure). However, CRS Flagstaff should improve communication with the appropriate health plans and referring physician of medical eligibility notification, denial eligibility notification, and communication of consultation reports within 30 days of the first clinic visit.

Findings

Rating Definitions

CRSA usually rates the **REGIONAL CONTRACTOR** based on the percentage of the findings that meet each standard. When a different methodology is used, CRSA notes it in the standard. Compliance is determined as follows:

Full Compliance: **REGIONAL CONTRACTOR** is 90-100% in compliance with the standard or sub-standard findings.

Substantial Compliance: **REGIONAL CONTRACTOR** is 75-89% in compliance with the standard or sub-standard findings.

Partial Compliance: **REGIONAL CONTRACTOR** is 50-74% in compliance with the standard or sub-standard findings.

Non-Compliance: **REGIONAL CONTRACTOR** is 0-49% in compliance with the standard or sub-standard findings.

Not Rated: This standard does apply to **REGIONAL CONTRACTOR**; however, and will not be scored during this review period.

Recommendation Definitions

REGIONAL CONTRACTOR must....This indicates a critical non-compliance with the CRSA contract that the Regional Contractor must correct as soon as possible.

REGIONAL CONTRACTOR should consider....This is a suggestion by the Review Team to improve operations of CRSA, although not directly related to contract compliance.

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007-SUMMARY**

CLAIMS SYSTEM

STANDARDS	FINDINGS	RECOMMENDATIONS
CS1	FC	
CS2	FC	
CS3	FC	
CS4	FC	
CS5	FC	
CS6	FC	
CS7	FC	
CS8	FC	
CS9	FC	
CS10	FC	
CS11	FC	
CS12	FC	
CS13	FC	
CS14	FC	

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007-SUMMARY**

CS14A	FC	
CS15	NC	CRS Flagstaff must provide a project plan for the development and implementation of the capability of receiving and paying at least 25% of all claims electronically (excluding claims processed by PBM).
CS16	FC	
CS17	FC	

FC = Full Compliance SC = Substantial Compliance PC = Partial Compliance NC = Non-Compliance NA = Not Applicable

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007-SUMMARY**

CULTURAL COMPETENCY

STANDARDS	FINDINGS	RECOMMENDATIONS
CC1	SC	CRS Flagstaff must have a process to assess the cultural and linguistic needs of the population it serves to determine if they are able to meet those needs.
CC2	FC	
CC3	PC	CRS Flagstaff must have documentation in medical record when the member is provided interpretation services.
CC4	FC	.
CC5	FC	
CC6	PC	CRS Flagstaff must ensure the competence of the language assistance provided by staff.

FC = Full Compliance SC = Substantial Compliance PC = Partial Compliance NC = Non-Compliance NA = Not Applicable

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007-SUMMARY**

FINANCIAL MANAGEMENT

STANDARDS	FINDINGS	RECOMMENDATIONS
FM1	SC	CRS Flagstaff must submit accurate, complete and timely financial statements consistent with CRS Financial Reporting Guide requirements. CRS Flagstaff must have processes in place to insure that reports that feed the financial statement package are updated and accurate.
FM2	FC	
FM3	FC	
FM4	FC	
FM5	FC	
TPL1	FC	
TPL2	FC	
TPL3	NR	
TPL4	FC	

FC = Full Compliance SC = Substantial Compliance PC = Partial Compliance NC = Non-Compliance NA = Not Applicable

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007-SUMMARY**

GENERAL ADMINISTRATION

STANDARDS	FINDINGS	RECOMMENDATIONS
GA1	FC	
GA2	FC	
GA3	FC	
GA4	FC	
GA5	FC	

FC = Full Compliance SC = Substantial Compliance PC = Partial Compliance NC = Non-Compliance NA = Not Applicable

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007-SUMMARY**

GRIEVANCE SERVICES

STANDARDS	FINDINGS	RECOMMENDATIONS
GS1	PC	CRS Flagstaff must provide members with written Notices of Action and/or Notices of Extension that meet required format standards. CRS Flagstaff must continue to report all prior authorization service denials case documentation to CRSA on a weekly basis.
GS2	PC	CRS Flagstaff must provide members with written Notices of Action that meet required content standards.
GS3	NC	CRS Flagstaff must provide members with written Notices of Action within the required timeframes.
GS4	NC	CRS Flagstaff must provide the member with a written Notice of Extension when taking more than 14 (standard) or 3 (expedited) working days to decide initial request for service authorization, or when the CRS Flagstaff determines that the service requested is not a CRS covered benefit, and refers the request to the member's primary AHCCCS plan.
GS4A	PC	CRS Flagstaff must provide members with written Notices of Extension that meet required content standards.
GS4B	NC	CRS Flagstaff must provides timely, written notification to the member's primary AHCCCS plan when CRS Flagstaff determines that the service requested is not a CRS covered benefit.
GS5	FC	
GS6	FC	
GS7	FC	
GS8	FC	
GS9	FC	

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007-SUMMARY**

GS10	NR	No appeals were filed.
GS11	FC	
GS12	FC	
GS13	FC	
GS14	NR	No appeals were filed.
GS15	NR	No expedited appeals were received.
GS16	NR	No expedited appeals were received.
GS17	NR	No expedited appeals were received.
GS18	FC	
GS19	NR	No appeals were filed.
GS20	NR	No appeals were filed.
GS21	NR	No claim disputes were filed during the review period.
GS22	NR	No claim disputes were filed during the review period.
GS23	NR	No claim disputes were filed during the review period.
GS24	NR	No claim disputes were filed during the review period.

FC = Full Compliance SC = Substantial Compliance PC = Partial Compliance NC = Non-Compliance NA = Not Applicable

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007-SUMMARY**

MEDICAL MANAGEMENT

STANDARDS	FINDINGS	RECOMMENDATIONS
MM1	PC	CRS Flagstaff must ensure full implementation of utilization program requirements, including policies for Clinical Practice Guidelines and the dissemination of New Medical Technologies; monitoring inpatient, ambulatory surgery, outpatient, and other services; and analysis of data to identify variances and over/under utilization.
MM2	NC	CRS Flagstaff must document the service utilization committee or forum discussions, including their purpose, attendees, and meeting schedule. CRS Flagstaff must analyze service utilization aggregate data, report trends and variances, and develop interventions, and review results.
MM3	SC	CRS Flagstaff must: revise the Prior Authorization, Concurrent, and Retrospective review processes to specify that the all staff who are involved in medical necessity determination, including the Medical Director, shall participate in inter-rater reliability training & testing. CRS Flagstaff must indicate on the Concurrent and Retrospective Review processes that the medical review professional staff (RN, BSN Nurse Practitioner) has appropriate training to apply CRS medical criteria or make medical decisions. CRS Flagstaff must update the Concurrent and Retrospective Review forms to indicate the Place of Service. CRS Flagstaff must amend the concurrent review process to clearly state that all prior authorized stays will have a specific date by which the need for continued stay will be reviewed. CRS Flagstaff must develop a process and document meeting timelines for concurrent review and the action taken when timelines are not met. CRS Flagstaff must clearly document the reason for denying the payment for a claim rather than denial of service and must ensure that the reply identifies what has been denied, the reason for the denial, and meet the medical and legal requirements for the denial.
MM4	FC	

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007-SUMMARY**

STANDARDS	FINDINGS	RECOMMENDATIONS
MM5	SC	CRS Flagstaff must revise their Prior Authorization process to include non-formulary medications on their list of services to be prior-authorized. CRS Flagstaff must clearly document what has been denied, the reason for a denial and ensure that the notice to the provider, AHCCCS, and/or the family is sent timely and meets medical and legal requirements.
MM6	NC	CRS Flagstaff must ensure that its Medical Director will participate in inter-rater reliability (IRR) training and testing. CRS Flagstaff must conduct regular checks for consistent application of standardized criteria, including IRR review criteria, and document the findings.
MM6A	NC	CRS Flagstaff must ensure that its Medical Director will participate in inter-rater reliability (IRR) training and testing. CRS Flagstaff must conduct regular checks for consistent application of standardized criteria, including IRR review criteria, and document the findings.
MM7	SC	CRS Flagstaff must create a process to evaluate and document the consistency with which individuals involved in decision-making apply the standardized criteria. CRS Flagstaff must develop a process to take action when criteria are not being applied in a consistent manner. CRS Flagstaff must revise the concurrent review process to indicate that all prior authorized stays will have a specific date by which the need for continued stay will be reviewed.
MM8	SC	CRS Flagstaff must create a process to evaluate and document the consistency with which individuals involved in decision-making apply the standardized criteria, and to take action when criteria are not being applied in a consistent manner. CRS Flagstaff must revise the concurrent review process to indicate that all prior authorized stays will have a specific date by which the need for continued stay will be reviewed.
MM9	NC	CRS Flagstaff must ensure that concurrent reviews meet required timelines with documented new review dates. A corrective action plan for missed timelines must be established.

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007-SUMMARY**

STANDARDS	FINDINGS	RECOMMENDATIONS
MM9A	SC	CRS Flagstaff must revise their Retrospective Review form to include all required elements for retrospective review. CRS Flagstaff must include Medical Director in their Inter-Rater Reliability testing; and indicate that in the Retrospective Review Policy.
MM10	SC	CRS Flagstaff must ensure coordination of care with all PCP's of AHCCCS members by copying all services to primary physicians. CRS Flagstaff must include appointment times, attendance to complete transfer tracking, and incoming total transfer information in the transfer log.
FC = Full Compliance SC = Substantial Compliance PC = Partial Compliance NC = Non-Compliance NA = Not Applicable		

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007-SUMMARY**

MEMBER SERVICES

STANDARDS	FINDINGS	RECOMMENDATIONS
MS1	FC	
MS2	FC	
MS3	FC	
MS4	FC	
MS5	FC	

FC = Full Compliance

SC = Substantial Compliance

PC = Partial Compliance

NC = Non-Compliance

NA = Not Applicable

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007-SUMMARY**

NETWORK SUFFICIENCY

STANDARDS	FINDINGS	RECOMMENDATIONS
NS1	SC	CRS Flagstaff must meet 45-day timelines for members' referrals to specialty clinic appointments. CRS Flagstaff must analyze the availability of specialty providers within in its catchment area and formulate a plan to meet specialty appointment needs of its members, whether by increasing membership in the provider network and agreements for the provision of services by out of network specialists, increasing the number of clinics held on site, and/or seeking specialty services for its members via partial or full transfers to other CRS sites.
NS2	FC	
NS3	FC	
NS4	NC	CRS Flagstaff must develop a written pharmacy policy / process. CRS Flagstaff must develop a mechanism to provide urgent pharmacy services to members during non-CRS clinic hours.
NS5	FC	
NS6	FC	

FC = Full Compliance SC = Substantial Compliance PC = Partial Compliance NC = Non-Compliance NA = Not Applicable

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007-SUMMARY**

QUALITY MANAGEMENT

STANDARDS	FINDINGS	RECOMMENDATIONS
QM1	FC	
QM2	FC	
QM3	FC	
QM4	NC	CRS Flagstaff must establish a policy/process for monitoring its delegated entities on an ongoing basis and review them formally at least annually. CRS Flagstaff must ensure that the subcontractor implements corrective action if any deficiencies are identified. CRS Flagstaff must have evaluation reports and CAP documentation, as necessary, to ensure quality for all delegated activities.
QM5	NC	CRS Flagstaff must include a formal corrective action process in the CRS Flagstaff Policy and Process for Grievances/Appeals on an individual case basis and from a system perspective.
QM6	FC	
QM7	FC	
QM8	FC	
QM9	SC	CRS Flagstaff must demonstrate that the FMC board has approved amendments to the By-Laws and show implementation within the credentialing/re-credentialing files.
QM10	PC	Flagstaff Medical Center must approve the Bylaw revisions as outlined in the May 2 nd , 2007 Corrective Action Plan and demonstrate implementation of those provisions.

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007-SUMMARY**

STANDARDS	FINDINGS	RECOMMENDATIONS
QM11	NC	<p>CRS Flagstaff must ensure the consultation report is sent to BOTH the referring physician and health plan/program contractor within 30 days of the first clinic visit and is documented in the medical record.</p> <p>CRS Flagstaff must ensure the approval notices to BOTH the referring physician and health/plan program contractor are sent within 10 working days and are documented in the medical record.</p> <p>CRS Flagstaff must ensure eligibility denial notifications are sent to BOTH the referring physician and health plan/program contractor within 5 working days of denial determination and are documented in the medical record.</p>
QM12	FC	

FC = Full Compliance SC = Substantial Compliance PC = Partial Compliance NC = Non-Compliance NA = Not Applicable

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

Claim Systems

ADHS REVIEW TEAM:	Cynthia Layne, Chief Financial Officer Jerri Gray, HIPAA/Data Manager
CONTRACTOR STAFF:	Joanne Parkes, Regional Director Lorene Vicente, Financial Counselor
DATE OF REVIEW:	June 5-7, 2007

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

Claim Systems

Standard:

CS 1

REGIONAL CONTRACTOR has at least monthly aged claims inventory tracking reports.
Citations: 42 CFR 438.242(a); ADHS/Regional Contractor Contract #HP361008, Task 10

Rating: FULL COMPLIANCE

Findings:

REGIONAL CONTRACTOR does have adequate claims inventory tracking reports.

Documents Reviewed:

CRS Flagstaff's Claims Aging Reports for July 2006 through March 2007

Comments: CRS Flagstaff should consider including the percentage of claims paid within 30 days and 60 days on the Claims Aging Reports.

Recommendations: None

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

Claim Systems

Standard:

CS 2

REGIONAL CONTRACTOR has reports to identify aged claims inventory on the last day of the month.

Citations: 42 CFR 438.242(a); ADHS/Regional Contractor Contract #HP361008, Task 10

Rating: FULL COMPLIANCE

Findings:

REGIONAL CONTRACTOR does not have adequate reports to identify aged claims on the last day of the month.

Documents Reviewed:

CRS Flagstaff's Claims Inventory Reports for July 2006 through March 2007

Letter reviewing claims reports submitted for July through December 2006

Comments: None

Recommendations: None

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

Claim Systems

Standard:

CS 3

REGIONAL CONTRACTOR has policies and procedures in place regarding the adjudication of 90% of all clean claims within 30 days of receipt and 99% of clean claims within 60 days of receipt.

Citations: 42 CFR 447.45(d); RCPDM 50.200(2)

Rating: FULL COMPLIANCE

Findings:

REGIONAL CONTRACTOR does have adequate policy and procedures regarding the required adjudication of 90% of clean claims within 30 days from date of receipt and 99% of clean claims within 60 days of date of receipt.

Documents Reviewed:

CRS Flagstaff's Timeline Standards for Payments Policy

Comments: None

Recommendations: None

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

Claim Systems

Standard:

CS 4

REGIONAL CONTRACTOR adjudicates 90% of all clean claims within 30 days of receipt and 99% of clean claims within 60 days of receipt (unless otherwise specified in Regional Contractor contract).

Citations: 42 CFR 447.45(d); RCPDM 50.200(2)

Rating: FULL COMPLIANCE

Findings:

REGIONAL CONTRACTOR does show evidence of claims adjudicating 90% of all clean claims within 30 days of receipt and 99% of clean claims within 60 days of receipt.

Documents Reviewed:

CRS Flagstaff's Claims Aging Reports for July 2006 through March 2007

Comments: None

Recommendations: None

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

Claim Systems

Standard:

CS 5

REGIONAL CONTRACTOR has policies and procedures on timely identification and recoupment of erroneously paid claims, and on identification of claims which the Contractor is a secondary payor, prior to payment to minimize the need for recoupment.

Citations: 42 CFR 438.242(a); RCPPM 50.200(2)

Rating: FULL COMPLIANCE

Findings:

REGIONAL CONTRACTOR does have adequate policy and procedures identifying and recouping erroneously paid claims.

REGIONAL CONTRACTOR does have adequate policy and procedures identifying claims which the Contractor is a secondary payor, prior to payment to minimize the need for recoupment.

Documents Reviewed:

CRS Flagstaff's Process to Identify Claims that are Overpaid or Underpaid Policy;

Single Case Agreement;

CRS Flagstaff Policy and Process for Billing CRS Patients with Insurance;

Third Party Liability standards from Claims Manual

Comments: None

.

Recommendations: None

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

Claim Systems

Standard:

CS 6

REGIONAL CONTRACTOR applies the policies and procedures on timely identification and recoupment of erroneously paid claims. REGIONAL CONTRACTOR has a process to identify claims which the Contractor is a secondary payor, prior to payment to minimize the need for recoupment.

Citations: 42 CFR 438.242(a); RCPM 50-200(11)

Rating: FULL COMPLIANCE

Findings:

REGIONAL CONTRACTOR does apply the policy and procedures regarding the identification and recoupment of erroneously paid claims.

REGIONAL CONTRACTOR does have a process to identify claims which the Contractor is a secondary payor, prior to payment to minimize the need for recoupment.

REGIONAL CONTRACTOR does reconcile paid claims to the encounters submitted to CRSA to ensure that all paid claims have been encountered.

Documents Reviewed:

CRS Flagstaff's Process to Identify Claims that are Overpaid or Underpaid Policy;

Single Case Agreement;

CRS Flagstaff Policy and Process for Billing CRS Patients with Insurance;

Third Party Liability standards from Claims Manual;

CRS Flagstaff's Claims Overpayments and Underpayments Log for January 2007

Comments: None

Recommendations: None

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

Claim Systems

Standard:

CS 7

REGIONAL CONTRACTOR voids/adjusts the original encounter when a recoupment is made due to the identification of an erroneously paid claim (claim that should have originally been denied) or when a recoupment is made due to incorrect data or processing (e.g., when demographic, Clinical or financial data is changed)

Citations: 42 CFR 438.242(b); ADHS/Regional Contractor Contract #HP361008, Task 10; RCPPM 50-200(11)(C)

Rating: FULL COMPLIANCE

Findings:

REGIONAL CONTRACTOR does have adequate policy and procedures describing the adjustment/voided encounter processing when a previously paid encounter is later recouped or voided.

Documents Reviewed:

CRS Flagstaff's Process to Identify Claims that are Overpaid or Underpaid Policy;
CRS Flagstaff's Claims Overpayments and Underpayments Log for January 2007

Comments: None

Recommendations: None

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

Claim Systems

Standard:

CS 8

REGIONAL CONTRACTOR has policies and procedures on reprocessing and paying all overturned claims disputes in a manner consistent with the decision within 10 business days of the decision.

Citations: 42 CFR 438.424; RCPPM 50-502

Rating: FULL COMPLIANCE

Findings:

REGIONAL CONTRACTOR does have adequate policy and procedures describing the reprocessing and paying of overturned claims disputes, consistent with the decision, within 10 business days of the decision.

Documents Reviewed:

CRS Flagstaff's Provider Manual – Claims Disputes Process; Policy for Claims Disputes

Comments: None

Recommendations: None

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

Claim Systems

Standard:

CS 9

The Regional Contractor has a mechanism in place to inform providers of the appropriate place to send claims.

Citation: 42 CFR 438.242

Rating: FULL COMPLIANCE

Findings:

REGIONAL CONTRACTOR does have a mechanism in place to inform providers of the appropriate place to send claims.

Documents Reviewed:

CRS Flagstaff's Provider Manual – Claims Submission section

Comments: None

Recommendations: None

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

Claim Systems

Standard:

CS 10

The Regional Contractor has a quality assurance program that ensures that claims processing personnel are continually monitored to ensure claims are processed to industry standards for accuracy. Claims processing personnel are formally trained to process the CRS claims.

Citations: RCPMP 50-200 (11), (12) (G),(13); ADHS/Regional Contractor Contract #HP361008, Special Terms and Conditions 7(B); AAC R9-22-703, 705

Rating: FULL COMPLIANCE

Findings:

REGIONAL CONTRACTOR does have a quality assurance program that ensures that claims processing personnel are continually monitored to ensure claims are processed to industry standards for accuracy. (100%)

REGIONAL CONTRACTOR does ensure that its claims processing personnel are trained to process CRS claims. (100%)

Documents Reviewed:

CRS Flagstaff's Claims Processing Training Logs July 2006 through March 2007

E-mails from CRS Flagstaff regarding Claims Training

CRS Flagstaff's Children's Health Center Coding Training presentation

Comments: None

Recommendations: None

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

Claim Systems

**Standard:
CS 11**

REGIONAL CONTRACTOR submits an accurate and timely Deleted Encounters log.

Citations: CYE 06 ADHS/Regional Contractor Contract #HP361008, Task 10; RCPPI 50-200 (12)(F)

Rating: FULL COMPLIANCE

Findings: The REGIONAL CONTRACTOR does submit accurate and timely Deleted Encounters log.

Documents Reviewed:

CRS Flagstaff's Deleted Encounter Report for July 2006 through March 2007

Comments: None

Recommendations: None

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

Claim Systems

Standard:

CS 12

The REGIONAL CONTRACTOR's remittance advice to providers must contain, at a minimum, adequate descriptions of all denials and adjustments, the reasons for such denials and adjustments, the amount billed, the amount paid, and provider rights for claim dispute.

Citations: AHCCCS Administration Encounter reporting User Manual; RCPM 50-200 (4)

Rating: FULL COMPLIANCE

Findings:

The REGIONAL CONTRACTOR's remittance advice to providers does contain, at a minimum, adequate descriptions of all denials and adjustments, the reasons for such denials and adjustments, the amount billed, the amount paid, and provider rights for claim dispute.

Documents Reviewed:

CRS Flagstaff's Remittance Advice and Sample Letter of Notification for Denials and Claims Dispute Process

Comments: None

Recommendations: None

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

Claim Systems

Standard:

CS 13

The REGIONAL CONTRACTOR has a policy or process to notify CRSA of any cumulative recoupment greater than \$50,000 per provider per contract year.

Citations: RCPPM 50-200 (1) (11)

Rating: FULL COMPLIANCE

Findings:

The REGIONAL CONTRACTOR does notify CRSA of any cumulative recoupment greater than \$50,000 per provider per contract year.

Documents Reviewed:

CRS Flagstaff's Process to Identify Claims that are Overpaid or Underpaid
Claims Overpayment and Underpayments Logs for July 2006 through March 2007
Recoupment Listing by Provider

Comments: None

Recommendations: None

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

Claim Systems

Standard:

CS 14

The REGIONAL CONTRACTOR has a policy or process to request approval from CRSA prior to recouping monies from a provider later than 12 months after the date of original payment on a clean claim.

Citations: RCPPM 50-200 (1)

Rating: FULL COMPLIANCE

Findings:

The REGIONAL CONTRACTOR does have a policy or process to request approval from CRSA prior to recouping monies from a provider later than 12 months after the date of original payment on a clean claim.

Documents Reviewed:

CRS Flagstaff's Process to Identify Claims that are Overpaid or Underpaid

Comments: None

Recommendations: None

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

Claim Systems

Standard:

CS 14A

The REGIONAL CONTRACTOR pays a slow payment penalty on hospital clean claims in accordance with A.R.S. 2903.01. (unless otherwise specified in provider subcontract)

Citations: RCPPM 50-200 (5)(C)

Rating: FULL COMPLIANCE

Findings:

The REGIONAL CONTRACTOR does pay a slow payment penalty on hospital clean claims in accordance with A.R.S. 2903.01 (unless otherwise specified in provider subcontract).

Documents Reviewed:

CRS Flagstaff's Time Line Standards for Payment Policy

Comments: None

Recommendations: None

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

Claim Systems

Standard:

CS 15

The REGIONAL CONTRACTOR shows evidence of receiving and paying at least 25% of all claims electronically (excluding claims processed by PBM).

Citations: RCPPM 50-200 (7)(B)

Rating: NON-COMPLIANCE

Findings:

The REGIONAL CONTRACTOR does not show evidence of receiving and paying at least 25% of all claims electronically (excluding claims processed by PBM).

Documents Reviewed: None

Comments: None

Recommendations:

CRS Flagstaff must provide a project plan for the development and implementation of the capability of receiving and paying at least 25% of all claims electronically (excluding claims processed by PBM).

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

Claim Systems

Standard:

CS 16

The REGIONAL CONTRACTOR has a process to audit processing accuracy for both manual and auto adjudicated claims.

Citations: RCPPM 50-200 (11), (12)(G)

Rating: FULL COMPLIANCE

Findings:

The REGIONAL CONTRACTOR does have a process to audit processing accuracy for both manual and auto adjudicated claims.

Documents Reviewed:

CRS Flagstaff's Claim Processing System Policy and Procedure
Claims Accuracy Reports for July 2006 through March 2007

Comments:

CRS Flagstaff should consider developing and implementing a more comprehensive process to audit processing accuracy. CRS Flagstaff screens claims for correct information such as correct coding, prior authorization, contracted provider, and verification of primary insurance. However, its policy does not clearly explain the procedure for auditing processing accuracy. Processing accuracy is reported as 100% accurate for the reports reviewed.

Recommendations: None

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

Claim Systems

Standard:

CS 17

The REGIONAL CONTRACTOR's health information system collects, analyzes, integrates, and reports data on claim disputes and appeals. The REGIONAL CONTRACTOR utilizes data from the claims dispute to adjust operations, as necessary.

Citations: [42 CFR 438.242(a); RCPPM 50-202 (4)]

Rating: FULL COMPLIANCE

Findings:

The REGIONAL CONTRACTOR's information system does collect, analyze, integrate, and report data on claim disputes and appeals.

The REGIONAL CONTRACTOR does utilize data from the claims dispute to adjust operations, as necessary.

Documents Reviewed:

CRS Flagstaff's Provider Claims Disputes Log for July 2006 through March 2007

Provider Manual – Claims Disputes Process

Policy for Claims Disputes

Grievance/Appeal Policy

Comments: None

Recommendations: None

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
2007 ADMINISTRATIVE REVIEW TOOL- Flagstaff**

Cultural Competency

ADHS REVIEW TEAM: Norma Garcia-Torres, Diversity and Inclusion Administrator,
Linda Hamman, Family/Youth Involvement Program Manager

CONTRACTOR STAFF: Joanne Parkes, Regional Director
William Austin, M.D., Medical Director
Susan Boness, Grievance Coordinator/Social Worker
Suzanne Tackitt, Compliance Representative
Josie Vaughan, Business Officer Manager

DATE OF REVIEW: June 5- 7, 2007

**ADHS/OC SHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
2007 ADMINISTRATIVE REVIEW TOOL- Flagstaff**

Cultural Competency

Standard:

CC1

REGIONAL CONTRACTOR maintains a cultural competency program and ensures that its members receive materials and services that are compatible with the members' cultural needs.

Citations: 42 CFR 438.206 (c), Contract #HP361008, RCPM Chapter 40

Rating: SUBSTANTIAL COMPLIANCE

Findings:

REGIONAL CONTRACTOR does ensure that its subcontractors maintain a cultural competency program.

REGIONAL CONTRACTOR does ensure that its cultural competency program provides materials and services that are compatible with the member's cultural needs.

REGIONAL CONTRACTOR does not periodically assess the cultural and linguistic needs of the population it serves to ensure service capacity meets those needs.

REGIONAL CONTRACTOR does participate in CRSA requirements to promote the delivery of services in a culturally competent manner to all members, including those with limited English proficiency and diverse cultural and ethnic backgrounds.

Documents Reviewed:

Family Centered Care Policy

Staff Meeting Minutes for 7/12/06, 10/11/06, 1/10/07, 3/7/07, – with some discussion on Cultural Competency

Telephone translation procedure page

Training by Hospital attend by some staff 1/26/07 and 4/20/07

CRS Policy and Process for Program Oversight – describes multiple options for training

CRSA training for QM and Grievance and Appeals – 2 hrs included some discussion on Cultural Competency and CLAS

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
2007 ADMINISTRATIVE REVIEW TOOL- Flagstaff**

Cultural Competency

Comments:

CRS Flagstaff bases its demand for language assistance services on individual member or family as they present each day. CRS Flagstaff should consider collecting aggregate data of members using a primary language other than English to assess the members' cultural and linguistic needs and monitor its capacity to meet those needs.

Recommendations:

CRS Flagstaff must have a process to assess the cultural and linguistic needs of the population it serves to determine if they are able to meet those needs.

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
2007 ADMINISTRATIVE REVIEW TOOL- Flagstaff**

Cultural Competency

Standard:

CC2

REGIONAL CONTRACTOR ensures that all staff and volunteers attend training/education sessions on awareness and sensitivity to culture and socioeconomic conditions of the CRS population and CLAS standards.

Citations: 42 CFR 438.10 (c), Contract #HP361008, RCPDM Chapter 40.513.8

Rating: FULL COMPLIANCE

Findings:

REGIONAL CONTRACTOR does provide or make available cultural competency training/education for its staff or volunteers. (40%)

REGIONAL CONTRACTOR does provide or make available CLAS standards training/education for its staff or volunteers. (40%)

REGIONAL CONTRACTOR does maintain agenda, sign in sheets and other documents to ensure its staff and volunteers have attended cultural competency sessions and CLAS standards. (20%)

Documents Reviewed:

Staff Meeting Minutes with sign in sheets - 7/12/06, 10/11/06, 1/10/07, 3/7/07, – with some discussion on Cultural Competency

Telephone translation procedure page

Training by Hospital attended by some staff 1/26/07 and 4/20/07 and sign in sheet

CRS Policy and Process for Program Oversight – describes multiple options for training

Training for QM and Grievance and Appeals – 2 hrs included some discussion on Cultural Competency and CLAS provided by

CRSA with sign in sheet

CRSA LEP training

Comments: None

Recommendations: None

**ADHS/OC SHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
2007 ADMINISTRATIVE REVIEW TOOL- Flagstaff**

Cultural Competency

Standard:

CC3

REGIONAL CONTRACTOR ensures that interpretation and translation services are made available to its members and documented in the member's medical record.

Citations: 42 CFR 438.10 (d), Contract #HP361008, RCPM Chapter 40. 513.2, Chapter 40.513.7

Rating: PARTIAL COMPLIANCE

Findings:

REGIONAL CONTRACTOR does notify its members on how to access oral interpretation and translation services.

REGIONAL CONTRACTOR does document in the member's medical record the member's preferred language during the enrollment/intake process.

REGIONAL CONTRACTOR does not document in the member's medical record whether oral interpretation services were provided. 70% of 10 medical files reviewed contained documentation of interpretation services.

Documents Reviewed:

Signage at the entrance of the Clinic with in the hospital

Signage and flyer informing members of how to access oral interpretation and translation services in Spanish and Navajo

Medical Record review of those having primary language (other than English) and documentation that interpretation services were received

Psychosocial Profile – with cultural and linguistic element

Comments:

CRS Flagstaff uses the Psychosocial Profile form to collect data on member and identifies the primary language of member in that form and a check box labeled "InSync explained".

Recommendations:

CRS Flagstaff must have documentation in medical record when the member is provided interpretation services.

**ADHS/OC SHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
2007 ADMINISTRATIVE REVIEW TOOL- Flagstaff**

Cultural Competency

Standard:

CC4

REGIONAL CONTRACTOR provides language assistance services, and ensures its providers have language assistance services that meet federal and state requirements.

Citations: 42 CFR 438.10 (d), Contract #HP361008, RCPDM Chapter 40. 513.2, Chapter 40.513.7

Rating: FULL COMPLIANCE

Findings:

REGIONAL CONTRACTOR does provide languages assistance services that meet federal and state requirements, including bilingual staff and interpreter services,

- at all points of contact;
- at no cost to each CRS member with Limited English Proficiency (LEP);
- in a timely manner;
- during all hours of operation;
- with easily understood patient-related materials; and
- with signage in the languages of the commonly encountered groups and/or groups represented in the service area, conspicuously posted public area such as a facility waiting room.

REGIONAL CONTRACTOR does/does not ensure its providers have language assistance services that meet federal and state requirements, including bilingual staff and interpreter services, (Not Rated):

- at all points of contact;
- at no cost to each CRS member with Limited English Proficiency (LEP);
- in a timely manner;
- during all hours of operation;
- with easily understood patient-related materials; and
- with signage in the languages of the commonly encountered groups and/or groups represented in the service area, conspicuously posted public area such as a facility waiting room.

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
2007 ADMINISTRATIVE REVIEW TOOL- Flagstaff**

Cultural Competency

Documents Reviewed:

List of Certified interpreter staff – Navajo
Contract with Sign Language interpreter service
List of providers that speak another language and specify what language
Contract with Language line – In sync for telephone interpretation
Signage in areas frequented by members
Signage and flyer informing members of how to access oral interpretation and translation services in Spanish and Navajo

Comments: None

Recommendations: None

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
2007 ADMINISTRATIVE REVIEW TOOL- Flagstaff**

Cultural Competency

Standard:

CC5

REGIONAL CONTRACTOR provides and ensures its providers make both verbal offers and written notices informing CRS members of their right to receive language assistance services in their preferred languages and or alternative format.

Citations: 42 CFR 438.10 (d), Contract #HP361008, RCPDM Chapter 40.513.2

Rating: FULL COMPLIANCE

Findings:

REGIONAL CONTRACTOR does provide both verbal offers and written notices informing CRS members of their right to receive language assistance services in their preferred languages and or alternative format, (100%).

REGIONAL CONTRACTOR does ensure its providers make verbal offers and written notices informing CRS members of their right to receive language assistance services in their preferred languages and or alternative format, (Not Rated).

Documents Reviewed:

Member Handbook – in both English and Spanish

New Member Orientation Packet – in both English and Spanish

Signage in areas frequented by member – front entry to clinic within hospital building

Signage and flyer informing members of how to access oral interpretation and translation services in Spanish and Navajo

Comments: None

Recommendations: None

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
2007 ADMINISTRATIVE REVIEW TOOL- Flagstaff**

Cultural Competency

Standard:

CC6

REGIONAL CONTRACTOR ensures the competence of language assistance provided to LEP persons by interpreters and bilingual staff.

Citations: 42 CFR 438.10 (d), Contract #HP361008, RCPDM Chapter 40. 513.2, Chapter 40.513.7

Rating: PARTIAL COMPLIANCE

Findings:

REGIONAL CONTRACTOR does ensure the competence of language assistance provided by interpreters.

REGIONAL CONTRACTOR does not ensure the competence of language assistance provided by bilingual staff.

REGIONAL CONTRACTOR does/does not ensure that its providers ensure the competence of language assistance provided by interpreters and bilingual staff, (Not Rated).

Documents Reviewed:

Sign language contract – external

Comments:

CRS Flagstaff provides face to face interpretation for Navajo language from the hospital interpreter language assistance program. It uses language line telephone services for all other languages and uses staff from the Clinic to do some communication in Spanish.

Recommendations:

CRS Flagstaff must ensure the competence of the language assistance provided by staff.

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

Financial Management

ADHS REVIEW TEAM:	Cynthia Layne, Chief Financial Officer Jerri Gray, HIPAA/Data Manager Cheryl Prescott, CRS Finance Manager
CONTRACTOR STAFF:	Joanne Parkes, Regional Director Lorene Vicente, Financial Counselor
DATE OF REVIEW:	June 5-7, 2007

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

Financial Management

Standard:

FM 1

REGIONAL CONTRACTOR shall have a system to produce complete, timely and accurate financial records in accordance with contract requirements for financial reporting.

Citations: Contract #HP361008, Task 10

Rating: SUBSTANTIAL COMPLIANCE

Findings:

REGIONAL CONTRACTOR does not have a process to ensure its reporting requirements are accurate timely and complete.

Documents Reviewed:

Quarterly Financial Statements for the last 2 quarters (09/30/06 and 12/31/06)

Comments:

CRS Flagstaff financial reporting practices included the following deficiencies:

- Inaccurate dates on the Enrollment Table worksheet
- Incomplete IS Rollup worksheet
- Unexplained or insufficiently explained changes in balance sheet
- Incomplete revenue
- Inaccurate balance sheet
- Incomplete Footnotes #7

Recommendations:

CRS Flagstaff must submit accurate, complete and timely financial statements consistent with CRS Financial Reporting Guide requirements.

CRS Flagstaff must have processes in place to insure that reports that feed the financial statement package are updated and accurate.

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

Financial Management

Standard:

FM 2

REGIONAL CONTRACTOR has developed and maintained a system that meets claims/encounter data processing requirements defined by ADHS/OCSHCN.

Citations: 42 CFR 438.242(b) (1) (3); ADHS/Regional Contractor Contract #HP361008, Task 10, Appendix G, and Appendix M, Financial Reporting Guide

Rating: FULL COMPLIANCE

Findings:

REGIONAL CONTRACTOR has developed and maintained a system that meets claims/encounter data processing requirements defined by ADHS/OCSHCN. (92%)

Documents Reviewed:

Monthly Report of CRS Encounter Activity for July 2006 through March 2007

Comments:

Analysis of CRS Flagstaff's encounters submitted to and accepted by CRSA with a date of service between July 1, 2006 and March 31, 2007, shows an overall acceptance rate of 92 percent.

Recommendations: None

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

Financial Management

Standard:

FM 3

REGIONAL CONTRACTOR submits complete, accurate and timely member demographic, eligibility and insurance data/information.
Citations: 42 CFR 438.242(a), (b) (1), and (b) (3); ADHS/Regional Contractor Contract #HP361008, Task 10

Rating: FULL COMPLIANCE

Findings:

REGIONAL CONTRACTOR does submit complete, accurate and timely member demographic, eligibility and insurance data/information.

Documents Reviewed:

Regional Contractor's Provider and Member Load Error Reports (LER) for July 2006 through March 2007

Comments: None

Recommendations: None

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

Financial Management

Standard:

FM 4

REGIONAL CONTRACTOR staff are trained and familiar with the Business Continuity Plan.

Citations: ADHS/Regional Contractor Contract #HP361008, Task 45

Rating: FULL COMPLIANCE

Findings:

REGIONAL CONTRACTOR does show evidence of staff training on the Business Continuity Plan.

Documents Reviewed:

FY07 Business Continuity and Recovery Plan

Business Continuity and Recovery Plan table top exercise 4/26/06

Assisting When Disaster Strikes PowerPoint presentation

Staff meeting minutes 6/14/06 and 10/11/06

Comments: None

Recommendations: None

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

Financial Management

Standard:

FM 5

REGIONAL CONTRACTOR tests Business Continuity Plan on an annual basis.

Citations: ADHS/Regional Contractor Contract #HP361008, Task 45

Rating: FULL COMPLIANCE

Findings:

REGIONAL CONTRACTOR does review, test, and update its Business Continuity Plan annually.

Documents Reviewed:

FY07 Business Continuity and Recovery Plan

Business Continuity and Recovery Plan table top exercise 4/26/06 and 5/23/07

Comments:

Although table top exercises were conducted outside the 9-month review period, CRS Flagstaff has met the annual review, update, and test requirements.

Recommendations: None

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

Financial Management

Standard:

TPL 1

REGIONAL CONTRACTOR cost-avoids all claims and services that are subject to third-party payment.

Citations: AAC R9-22-1001, 1009; ADHS/Regional Contractor Contract #HP361008

Rating: FULL COMPLIANCE

Findings:

REGIONAL CONTRACTOR does utilize a formal process to identify claims and services that are subject to third-party payment.

Documents Reviewed:

CRS Flagstaff's Policy and Process for Bill CRS Patients with Insurance

Third Party Liability Standards Policy

Comments: None

Recommendations: None

**ADHS/OC SHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

Financial Management

Standard:

TPL 2

REGIONAL CONTRACTOR reports all known changes in health insurance information, including Medicare, to AHCCCS Division of Member Services, no later than 10 days from the date of discovery.

Citations: AAC R9-22-1001, 1009; ADHS/Regional Contractor Contract #HP361008

Rating: FULL COMPLIANCE

Findings:

REGIONAL CONTRACTOR does report known changes in health insurance information, including Medicare, to AHCCCS Division of Member Services, no later than 10 days from the date of discovery.

Documents Reviewed:

CRS Flagstaff's Provider and Member Load Error Reports (LER) for July 2006 through March 2007

CRS Flagstaff's Policy and Process for Billing CRS Patients with Insurance

Comments: None

Recommendations: None

**ADHS/OC SHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

Financial Management

Standard:

TPL 3

REGIONAL CONTRACTOR refers all cases that involve the following circumstances to the AHCCCS authorized representative, and REGIONAL CONTRACTOR does not pursue recovery on the case unless directed to do so by AHCCCS, or by the AHCCCS authorized representative.

Citations: AAC R9-22-1001, 1009; ADHS/Regional Contractor Contract #HP361008,

Rating: NOT RATED

Findings:

REGIONAL CONTRACTOR does/does not refer cases that involve the above mentioned circumstances to the authorized representative.

REGIONAL CONTRACTOR does/does not pursue recovery on cases that involve the above mentioned circumstances unless they were authorized to do so by AHCCCS or by the AHCCCS authorized representative:

- | | |
|---|-------------------------|
| * Uninsured/underinsured motorist insurance | * Restitution Recovery |
| * First and third-party liability insurance | * Worker's Compensation |
| * Tortfeasors, including casualty | * Estate Recovery |
| * Special Treatment Trusts | |

Documents Reviewed: None

Comments:

Documents were not available for review. Going forward, CRS Flagstaff must develop and implement a process to refer cases that involve the above-mentioned circumstances to the authorized representative at CRSA and to not pursue recovery on cases unless they are authorized to do so by AHCCCS or by the AHCCCS authorized representative.

Recommendations: None

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

Financial Management

Standard:

TPL 4

REGIONAL CONTRACTOR utilizes a formal process to identify claims and services that are subject to third-party payment and ensure that applicable co-payments, coinsurance, or deductibles are paid by the REGIONAL CONTRACTOR on behalf of the member.

Citations: AAC R9-22-1001, 1009; ADHS/Regional Contractor Contract #HP361008, Task 10, Task 13

Rating: FULL COMPLIANCE

Findings:

REGIONAL CONTRACTOR does utilize a formal process to identify claims and services that are subject to third-party payment. (100%)

REGIONAL CONTRACTOR does pay applicable co-payments, coinsurance, or deductibles on behalf of the member.

Documents Reviewed:

CRS Flagstaff's Policy and Process for Billing CRS Patients with Insurance

Comments: None

Recommendations: None

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

General Administration

ADHS REVIEW TEAM:

**Jennifer Vehonsky, Division Chief of Compliance
Mark Haldane, Contract Administrator
Vicki Margaritis, Contract Administrator
Tim Stanley, Fraud and Abuse Manager**

CONTRACTOR STAFF:

**Joanne Parkes, CRS Administrator
Suzanne Tackitt, Compliance Representative**

DATE OF REVIEW:

June 5 – 7, 2007

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

General Administration

Standard:

GA 1

REGIONAL CONTRACTOR meets minimum CRSA staffing requirements.

Citations: ADHS/Regional Contractor Contract #HP361008, Terms & Conditions, 7. Key Personnel

Rating: FULL COMPLIANCE

Findings:

REGIONAL CONTRACTOR does meet minimum CRSA staffing requirements. REGIONAL CONTRACTOR meets 100% of the 11 required positions.

Documents Reviewed:

Organizational Chart

Comments: None

Recommendations: None

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

General Administration

Standard:

GA 2

REGIONAL CONTRACTOR notifies CRS of key personnel changes.

Citations: ADHS/Regional Contractor Contract #HP361008, Terms & Conditions, 7. Key Personnel

Rating: FULL COMPLIANCE

Findings:

REGIONAL CONTRACTOR does notify CRS of key personnel changes.

1# of key personnel changes from July 1, 2006, to March 31, 2007
100% of key personnel changes reported to CRSA

Documents Reviewed:

Correspondence from CRS Flagstaff notifying CRSA of the change in compliance officer

Comments: None

Recommendations: None

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

General Administration

Standard:

GA 3

REGIONAL CONTRACTOR develops, maintains and disseminates a policy and procedure manual that includes the processes to carry out requirements of the CRSA RCPMP.

Citations: ADHS/Regional Contractor Contract #HP361008, RCMMP Chapter 80.503

Rating: FULL COMPLIANCE

Findings:

REGIONAL CONTRACTOR does review policies on an annual basis or as needed, to reflect CRSA RCPMP changes.

REGIONAL CONTRACTOR does disseminate the CRSA RCPMP and its policies and procedures to its providers.

Documents Reviewed:

Template letter related to policy changes

Mailing list for dissemination of letters

Comments: None

Recommendations: None

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

General Administration

Standard:

GA 4

REGIONAL CONTRACTOR's Provider Manual meets all CRSA and AHCCCS contractual requirements, and is disseminated to all providers.

Citations: ADHS/Regional Contractor Contract #HP361008, Task 40, RCPMP Chapter 80.502

Rating: FULL COMPLIANCE

Findings:

REGIONAL CONTRACTOR's Provider Manual does meet CRSA and AHCCCS contractual requirements.

REGIONAL CONTRACTOR does provide proof of dissemination of the Provider Manuals as required.

Documents Reviewed:

CRS Flagstaff Policy Manual

Letter to Providers

Mailing list

Comments: None

Recommendations: None

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

General Administration

Standard:

GA 5

REGIONAL CONTRACTOR meets program integrity requirements designed to prevent, detect and report fraud and abuse.

Citations: Contract #HP361008 Terms & Conditions, 7. Key Personnel, 42 CFR 438.608 (a) and (b), 42 CFR 438.610(a) and (b); ADHS/Regional Contractor Contract, Task 46; CRSA RCPPM Chapter 80.800

Rating: FULL COMPLIANCE

Findings:

REGIONAL CONTRACTOR does have a Corporate Compliance Plan in place.

REGIONAL CONTRACTOR does have program integrity arrangements or procedures in place that include:

- Written policies, procedures and standards of conduct articulating the organization's commitment to comply with all applicable Federal and State standards
- The designation of a compliance officer and a compliance committee that are accountable to senior management
- Effective training and education for the compliance officer and the organization's employees
- Effective lines of communication between the compliance officer and the organization's employees
- Enforcement of standards through well-publicized disciplinary guidelines
- Provision for internal monitoring and auditing
- Provision for prompt response to detected offenses, and for development of corrective action initiatives relating to their contract.

REGIONAL CONTRACTOR does maintain policies and procedures governing its contracting and employment processes, and its corporate affiliations that exclude individuals from participating in procurement and non-procurement activities due to their debarment, suspension, revocation, restriction or otherwise exclusion due to federal or state requirements.

REGIONAL CONTRACTOR does follow these policies and procedures in its initial and ongoing contracting, employment and corporate affiliation practices.

Documents Reviewed:

NAH Intranet Compliance and Hotline information
Compliance Officer job descriptions

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

General Administration

Related clinic and NAH Corporate Compliance plan, policies and procedures
NAH Senior Management Compliance Committee agendas
NAH Compliance training materials
NAY values, standards and Code of Conduct.
Compliance Representative job description
Case and billing review memos

Comments:

Flagstaff CRS operates under Northern Arizona Healthcare's (NAH) Corporate Compliance Program. This appears to provide the clinic with a comprehensive and detailed compliance program and resources.

While the NAH compliance program appears to address the seven elements required for a comprehensive integrity program, there is a lack of documentation that links the clinics corporate compliance activities to the specific NAH compliance policies and procedures.

There was no documentation of audits performed during the review period on the CRS clinic designed to detect and deter suspected fraud and program abuse. The CRS clinic does conduct file and billing reviews for internal control purposes, but additional steps and methodologies could be used to make these reviews more appropriate for detecting fraud and program abuse.

CRS Flagstaff should consider creating documentation that links the clinics corporate compliance activities to the specific NAH compliance policies and procedures. Additionally, CRS Flagstaff should consider assuring that audits designed to detect and deter suspected fraud and program abuse are conducted on the CRS clinic and its contractors on a regular basis. Flagstaff CRS should consider requesting that NAH include the CRS clinic in its regularly planned audits.

Recommendations: None

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

Grievance System

ADHS REVIEW TEAM:	Margery Sheridan, Division Chief of Consumer Rights Luci Hodge, Appeals Coordinator
CONTRACTOR STAFF:	Joanne Parkes, CRS Administrator Suzanne Tackitt, Compliance Representative Susan Boness, Social Worker/Grievance Coordinator
DATE OF REVIEW:	June 5 – 7, 2007

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

Grievance System

Standard:

GS 1

REGIONAL CONTRACTOR provides members with written Notices of Action and/or Notices of Extension that meet required format standards.

Citations: 42 CFR 438.404(a); 42 CFR 438.404(b); 42 CFR 438.404(c); 42 CFR 438.210(c); 42 CFR 431.211; 213 and 214; ADHS/Regional Contractor Contract, Task 30; RCPDM Chapter 80

Rating: PARTIAL COMPLIANCE

Findings:

REGIONAL CONTRACTOR does provide the Notice of Action and/or Notice of Extension in:

- Prevalent non-English languages
- Alternative formats

REGIONAL CONTRACTOR's Notice of Action and/or Notice of Extension do not meet language and format requirements, ensuring ease of understanding.

Documents Reviewed:

Children's Rehabilitative Services of Northern Arizona (FCRS) Grievance Policy

Notice of Action (NOA Denial) Log

Notices of Action and Notices of Extension Letters and Templates

Comments:

During the review period CRS Flagstaff updated all policies and templates related to this standard to meet the requirements.

July through December of 2006, CRS Flagstaff's Notice of Action and/or Notice of Extension letters were not written in an easily understood language and format.

July through December of 2006, CRS Flagstaff did not use the correct Notice of Action and/or Notice of Extension letters.

For the months of January through March of 2007, CRS Flagstaff has correctly submitted case files in the correct format and improved in writing easily understood language.

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

Grievance System

Recommendations:

CRS Flagstaff must provide members with written Notices of Action and/or Notices of Extension that meet required format standards.

CRS Flagstaff must continue to report all prior authorization service denials case documentation to CRSA on a weekly basis.

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

Grievance System

Standard:

GS 2

REGIONAL CONTRACTOR provides members with written Notices of Action that meet required content standards.

Citations: 42 CFR 438. 210; 42 CFR 438.404; RCPPI Chapter 80.402

Rating: PARTIAL COMPLIANCE

Findings:

REGIONAL CONTRACTOR's Notice of Action does not contain all of the following required elements:

- The action taken by REGIONAL CONTRACTOR,
- The law, rule, and/or policy supporting the action,
- The reasons for the action,
- The member 's or provider's right to file an appeal,
- The procedures for exercising the right to appeal,
- The circumstances under which expedited resolution is available and how to request it,
- The member's right to have benefits continue pending resolution, how to request continuation, and the circumstances under which the member may be required to pay the cost of services.

Documents Reviewed:

Children's Rehabilitative Services of Northern Arizona (FCRS) Grievance Policy

Notice of Action (NOA Denial) Log

Notices of Action and Notices of Extension Letters and Templates

Comments:

During the review period of July 1, 2006 to March 31, 2007, CRS Flagstaff was under a notice to cure for this standard as identified deficient and has significantly improved in meeting compliance. The current policy and new letter templates meet all requirements.

Recommendations:

CRS Flagstaff must provide members with written Notices of Action that meet required content standards.

**ADHS/OC SHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

Grievance System

Standard:

GS 3

REGIONAL CONTRACTOR provides members with written Notices of Action within the required timeframes.

Citations: 42 CFR 438.210; 42 CFR 438.404; RCPM Chapter 61.800; Chapter 80.402

Rating: NON-COMPLIANCE

Findings:

REGIONAL CONTRACTOR does not provide written Notices of Action within the required timeframes.

In 44 % of files reviewed, members were provided with the written Notice of Action within the required timeframes.
(100% of denials are currently reviewed)

Documents Reviewed:

Children's Rehabilitative Services of Northern Arizona (FCRS) Grievance Policy

Notice of Action (NOA Denial) Log

Notices of Action and Notices of Extension Letters and Templates

Comments:

During the review period of July 1, 2006 to March 31, 2007, CRS Flagstaff was under a notice to cure for this standard and has significantly improved its compliance over the past few months. The documents submitted prior to December of 2006 did not clearly indicate date of request and date of receipt, therefore, timeliness cannot be determined. The current policy and new letter templates and provider service request (PSR) meet all the requirements.

Recommendations:

CRS Flagstaff must provide members with written Notices of Action within the required timeframes.

**ADHS/OC SHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

Grievance System

Standard:

GS 4

REGIONAL CONTRACTOR provides the member with a written Notice of Extension when taking more than 14 (standard) or 3 (expedited) working days to decide initial request for service authorization, or when the REGIONAL CONTRACTOR determines that the service requested is not a CRS covered benefit, and refers the request to the member's primary AHCCCS plan.

Citations: 42 CFR 438.408; ACOM Chapter 409; RCPDM Chapter 80

Rating: NON-COMPLIANCE

Findings:

REGIONAL CONTRACTOR does not provide the member with written Notices of Extension within the required timeframes for:

- Standard requests for initial service authorization;
- Expedited requests for initial service authorization; or
- When referring the request for service to the member's primary AHCCCS plan

In 55 % of files reviewed, members were provided with the written notice of extension within the required timeframes.
(100% of denials are currently reviewed)

Documents Reviewed:

Written Notice of Extension Letter Template for taking more than 14 (standard) or 3 (expedited) working days to decide initial request for service authorization, or when Flagstaff CRS determines that the service requested is not a CRS covered benefit, and refers the request to the member's primary AHCCCS plan.

Notice of Action (NOA Denial) Log

Notices of Action and/or Notices of Extension Template Letters

Comments:

During the review period of July 1, 2006 to March 31, 2007, CRS Flagstaff was under a notice to cure for this standard as identified deficient and has significantly improved in compliance to this standard. The current policy and new letter templates meet all requirements.

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

Grievance System

Recommendations:

CRS Flagstaff must provide the member with a written Notice of Extension when taking more than 14 (standard) or 3 (expedited) working days to decide initial request for service authorization, or when the CRS Flagstaff determines that the service requested is not a CRS covered benefit, and refers the request to the member's primary AHCCCS plan.

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

Grievance System

Standard:

GS4A

REGIONAL CONTRACTOR provides members with written Notices of Extension that meet required content standards.

Citations: 42 CFR 438. 210; 42 CFR 438.404; RCPDM Chapter 80

Rating: PARTIAL COMPLIANCE

Findings:

REGIONAL CONTRACTOR's Notice of Action does contain the following required elements:

- The reason for the decision to extend the timeframe; and
- The member's right to file a grievance if he/she disagrees with that decision.

REGIONAL CONTRACTOR's Notices of Extension does not consistently contain all required elements during the review period.

Documents Reviewed:

Children's Rehabilitative Services of Northern Arizona (FCRS) Grievance Policy

Notices of Action and Notices of Extension Letters and Templates

Comments:

During the review period of July 1, 2006 to March 31, 2007, CRS Flagstaff was under a notice to cure for this standard and has significantly in compliance to this standard. CRS Flagstaff did not have all required language in the letter templates. The current policy and new letter templates meet all the requirements.

Recommendations:

CRS Flagstaff must provide members with written Notices of Extension that meet required content standards.

**ADHS/OC SHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

Grievance System

Standard:

GS4B

REGIONAL CONTRACTOR provides timely, written notification to the member's primary AHCCCS plan when the REGIONAL CONTRACTOR determines that the service requested is not a CRS covered benefit.

Citations: 42 CFR 438.408; ACOM Chapter 409; RCPDM Chapter 80

Rating: NON-COMPLIANCE

Findings:

REGIONAL CONTRACTOR does not provide timely, written notification to the member's primary AHCCCS plan when the REGIONAL CONTRACTOR determines that the service requested is not a CRS covered benefit.

In 12 % of files reviewed, members were provided with the written notice of extension within the required timeframes.
(100% of denials are currently reviewed)

Documents Reviewed:

Notices of Action and/or Notices of Extension Template Letters

Comments:

During the review period of July 1, 2006 to March 31, 2007, CRS Flagstaff was under a notice to cure for this standard and has significantly improved in meeting the requirements for this standard. The current policy and new letter templates meet all the requirements.

Recommendations:

CRS Flagstaff must provide timely, written notification to the member's primary AHCCCS plan when CRS Flagstaff determines that the service requested is not a CRS covered benefit.

**ADHS/OC SHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

Grievance System

Standard:

GS 5

REGIONAL CONTRACTOR provides the member with written notice that for service authorization decisions not reached within 14 days (or an extended time frame), the authorization shall be considered denied on the date that the time frame expires. Citations: 42 CFR 438.404; 42 CFR 438.408; RCPDM Chapter 61.800

Rating: FULL COMPLIANCE

Findings:

REGIONAL CONTRACTOR does provide the member with written notice that for service authorization decisions not reached within 14 days (or an extended time frame), the authorization shall be considered denied on the date that the time frame expires.

- Standard requests for initial service authorization (14 working days),
- Expedited requests for initial service authorization (3 working days),
- Extensions an additional 14 days.

In 100 % of files reviewed, members were provided with the written notice of service authorizations deemed denied.
(100% of denials are currently reviewed)

Documents Reviewed:

CRS Flagstaff Grievance Policy

Comments:

The current policy and new letter templates address this standard and CRS Flagstaff has an established process in place.

Recommendations: None

**ADHS/OC SHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

Grievance System

Standard:

GS 6

REGIONAL CONTRACTOR handles grievances and appeals in a manner that is consistent with federal and state requirements.

Citations: 42 CFR 438.402(b)(2)(3); 42 CFR 438.406(a)(1 –3); 42 CFR 438.406(b)(1– 4); 42 CFR 438.410; 42 CFR 438.414;
ADHS/Regional Contractor Contract Task 32; RCPDM Chapters 60 and 80

Rating: FULL COMPLIANCE

Findings:

REGIONAL CONTRACTOR does have procedures in place for filing of grievances and appeals by member, or by provider with member's consent, as appropriate.

REGIONAL CONTRACTOR does have a process in place for members or providers to file grievances orally or in writing.

REGIONAL CONTRACTOR does have a process in place for members or providers to file appeals either orally or in writing with oral appeals confirmed in writing unless requesting an expedited resolution.

Documents Reviewed:

3 Non-QOC files reviewed

CRS Flagstaff Policy and Process for Grievances/Appeals

Northern Arizona Regional Children's Rehabilitative Services: Provider Manual, Revised April 2007.

No appeals were filed during the review period

Comments:

Three non-QOC issues were documented during the review period. Flagstaff CRS should consider enhancing the process of identifying and documenting Non-QOC issues. The overall score for Non-QOC files reviewed was 98.7%.

CRS Flagstaff should consider separating the grievance (non-quality of care) policy from the quality of care policy.

CRS Flagstaff should consider using CRSA for technical assistance, since no appeals were filed during the review period.

Recommendations: None

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

Grievance System

Standard:

GS 7

REGIONAL CONTRACTOR provides members with assistance in the grievance and appeals process.

Citations: 42 CFR 438.10(g); RCPMP Chapter 60.204

Rating: FULL COMPLIANCE

Findings:

REGIONAL CONTRACTOR does provide members with assistance in completing forms and other procedural steps in the grievance process.

REGIONAL CONTRACTOR does/does not provide members with assistance in completing forms and other procedural steps in the appeals process. (Not Rated)

REGIONAL CONTRACTOR does provide interpreter services and toll-free numbers with TTY/TTD and interpreter capability for grievance and appeals process.

Documents Reviewed:

Flagstaff CRS Policy and Process for Grievances/Appeals

Northern Arizona Regional Children's Rehabilitative Services: Provider Manual, Revised April 2007.

Hospital Guidelines of Practice: Interpreting Services

Comments:

Three non-QOC issues were documented during the review period. Flagstaff CRS should consider enhancing their process of identifying and documenting Non-QOC issues. No appeals were filed during the review period.

Recommendations: None

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

Grievance System

Standard:

GS 8

REGIONAL CONTRACTOR acknowledges receipt of each grievance and appeal in a timely manner.

Citations: 42 CFR 438.404; RCPDM Chapter 60.300

Rating: FULL COMPLIANCE

Findings:

REGIONAL CONTRACTOR does acknowledge receipt of each grievance.

100% of grievance files reviewed indicated the grievance was acknowledged.

(100% of denials are currently reviewed)

REGIONAL CONTRACTOR does/does not acknowledge receipt of each appeal.

NA% of appeal files reviewed indicates the appeal was acknowledged.

(100% of denials are currently reviewed) (Not Rated)

REGIONAL CONTRACTOR does meet timeframe for acknowledging receipt of grievance (i.e., within 5 business days for standard appeals/1 business day for expedited appeals)

100% of grievance files reviewed indicated the grievance was acknowledged within 5 business days (1 business day for expedited appeals).

(100% of denials are currently reviewed)

REGIONAL CONTRACTOR does/does not meet timeframe for acknowledging receipt of appeal (i.e., within 5 business days for standard appeals/1 business day for expedited appeals)

NA% of appeal files reviewed indicates the appeal was acknowledged within 5 business days (1 business day for expedited appeals).

(100% of denials are currently reviewed) (Not Rated)

Documents Reviewed:

Flagstaff CRS Policy and Process for Grievances/Appeals

Three non-QOC files reviewed

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

Grievance System

Comments:

No appeals were filed during the review period.

Recommendations: None

**ADHS/OC SHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

Grievance System

Standard:

GS 9

REGIONAL CONTRACTOR ensures decision-makers for the grievance and appeal are appropriately qualified individuals.

Citations: 42 CFR 438.404; RCP PM Chapter 60.300

Rating: FULL COMPLIANCE

Findings:

REGIONAL CONTRACTOR does use decision-makers on grievances that were not in previous levels of review or decision-making. 100% of grievance files reviewed indicated the decision-makers on grievances were not in previous levels of review or decision-making.

(100% of denials are currently reviewed)

REGIONAL CONTRACTOR does/does not use decision-makers on appeals that were not in previous levels of review or decision-making.

NA% of appeal files reviewed indicates the decision-makers on appeals were not in previous levels of review or decision-making.

(100% of denials are currently reviewed) (Not Rated)

REGIONAL CONTRACTOR does/does not use decision-makers on grievances that are health care professionals with clinical expertise in treating the member's condition when:

A grievance is filed regarding a denial of expedited resolution of an appeal;

A grievance is filed related to clinical decisions.

NA% of grievance files reviewed indicates the decision-makers were appropriately qualified to be decision-makers on the grievance.

(100% of denials are currently reviewed) (Not Rated)

REGIONAL CONTRACTOR does/does not use decision-makers on appeals that are health care professionals with clinical expertise in treating the member's condition when:

An appeal is filed regarding a denial that is based on lack of medical necessity;

An appeal is filed related to clinical decisions.

NA% of appeal files reviewed indicates the decision-makers were appropriately qualified to be decision-makers on the appeal.

(100% of denials are currently reviewed) (Not Rated)

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

Grievance System

Documents Reviewed:

CRS Flagstaff Policy and Process for Grievances/Appeals
Three non-QOC files reviewed

Comments:

No appeals were filed during the review period. Additionally, none of the non-QOCs filed were in regard to a denial or clinical decision.

Recommendations: None

**ADHS/OC SHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

Grievance System

Standard:

GS 10

REGIONAL CONTRACTOR provides members and/or their representative with an opportunity to examine their case file and to present evidence.

Citations: 42 CFR 438.406; RCPPM Chapter 60.402

Rating: NOT RATED

Findings:

REGIONAL CONTRACTOR does/does not provide members and/or their representatives with an opportunity to examine their case file and any other documents and records considered during the appeals process. (Not Rated)

REGIONAL CONTRACTOR does/does not provide members and/or their representatives with an opportunity to present evidence in person or in writing. (Not Rated)

REGIONAL CONTRACTOR does/does not include the member or her representative or legal representative of a deceased member's estate as a party to the appeal. (Not Rated)

Documents Reviewed:

CRS Flagstaff Policy and Process for Grievances/Appeals

Comments:

No appeals were filed during the review period.

Recommendations:

None

**ADHS/OC SHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

Grievance System

Standard:

GS 11

REGIONAL CONTRACTOR maintains an expedited review process for appeals.

Citations: 42 CFR 438.410; RCP PM Chapter 60.405

Rating: FULL COMPLIANCE

Findings:

REGIONAL CONTRACTOR does maintain an expedited review process for appeals, which includes:

- Not taking punitive action against a provider who requests an expedited resolution or supports a member's appeal,
- Transfer of the appeal to the timeframe for standard resolution if the request for expedited resolution is denied,
- Reasonable effort to give the member oral notice of the denial to expedite resolution, and
- Follow-up with written notice of denial within two calendar days.

Documents Reviewed:

CRS Flagstaff Policy and Process for Grievances/Appeals

Comments: None

Recommendations: None

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

Grievance System

Standard:

GS 12

REGIONAL CONTRACTOR provides information about the grievance system to providers at the time they contract with REGIONAL CONTRACTOR.

Citations: 42 CFR 438. 414; RCPPM Chapter 60.200

Rating: FULL COMPLIANCE

Findings:

REGIONAL CONTRACTOR does provide information about the grievance system to providers at the time they contract with REGIONAL CONTRACTOR.

Documents Reviewed:

Northern Arizona Regional Children's Rehabilitative Services: Provider Manual, Revised April 2007.

CRS Flagstaff Grievance Policy

CRS Flagstaff Provider Orientation Program

CRS Flagstaff Clinic Website

Regional Contractors Policy and Procedures Manual Chapter 60, Grievance and Appeals Policy

Comments: None

Recommendations: None

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

Grievance System

Standard:

GS 13

REGIONAL CONTRACTOR disposes of grievances, resolves appeals and provides notice within the required federal and state timeframes.

Citations: 42 CFR 438.408(b)(1-3); 42 CFR 438.408(c); 42 CFR 438.408(d)(1-2); 42 CFR 438.408(e); ADHS/Regional Contractor Contract Task 32; RCPDM Chapters 60 and 80

Rating: FULL COMPLIANCE

Findings:

REGIONAL CONTRACTOR does issue decisions as expeditiously as the member's condition requires, but no later than 90 days from receipt of grievance.

100% of grievance files reviewed have documentation that written or oral decisions were issued as expeditiously as the member's condition requires, but no later than 90 days of receipt of grievance.
(100% of denials are currently reviewed)

Documents Reviewed:

Three non-QOC files reviewed
QOC database and reports

Comments: None

Recommendations: None

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

Grievance System

Standard:

GS 14

REGIONAL CONTRACTOR resolves standard appeals and provides written notice to affected parties no later than 30 days from receipt of appeal, absent an extension.

Citations: 42 CFR 438.408; RCPDM Chapter 60.404

Rating: NOT RATED

Findings:

REGIONAL CONTRACTOR does/does not issue written decisions for resolution of standard appeals no later than 30 days from receipt of appeal, absent an extension.

NA% of appeal files reviewed have documentation that written decisions were issued no later than 30 days of receipt of appeal, absent an extension. (Not Rated)
(100% of denials are currently reviewed)

Documents Reviewed:

CRS Flagstaff Policy and Process for Grievances/Appeals

Comments:

No appeals were filed during the review period. CRS Flagstaff does have a process in place to issue written decisions for resolution of standard appeals no later than 30 days from receipt of appeal, absent an extension.

Recommendations: None

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

Grievance System

Standard:

GS 15

REGIONAL CONTRACTOR resolves expedited appeals and provides notice to affected parties no later than three (3) working days from receipt of referral, absent an extension.

Citations: 42 CFR 438.410; RCPDM Chapter 60.405

Rating: NOT RATED

Findings:

REGIONAL CONTRACTOR does/does not issue written expedited decisions of appeals no later than three (3) working days from receipt of the appeal. (Not Rated)

REGIONAL CONTRACTOR does/does not make reasonable effort to provide oral notice. (Not Rated)

NA% of appeal files reviewed have documentation that written expedited decisions were issued no later than 3 working days from receipt of referral, and an effort was made to provide oral notice.
(100% of denials are currently reviewed)

Documents Reviewed:

CRS Flagstaff Policy and Process for Grievances/Appeals

Comments:

No appeals were filed during the review period. Additionally, CRS Flagstaff did not have any expedited appeals.

Recommendations: None

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

Grievance System

Standard:

GS 16

REGIONAL CONTRACTOR complies with extension of timeframe requirements for grievances, standard appeals and expedited appeals. Citations: 42 CFR 438.408; 42 CFR 438.410; RCPDM Chapter 60.404, 405

Rating: NOT RATED

Findings:

REGIONAL CONTRACTOR does/does not extend the timeframes for grievances up to 14 calendar days only if the member requests the extension or a need for additional information is demonstrated by REGIONAL CONTRACTOR.

In NA % of grievance files reviewed, REGIONAL CONTRACTOR appropriately extends the timeframe for grievances.
(100% of denials are currently reviewed) (Not Rated)

REGIONAL CONTRACTOR does not/does extend the timeframes for appeals up to 14 calendar days only if the member requests the extension or a need for additional information is demonstrated by REGIONAL CONTRACTOR.

In NA % of appeal files reviewed, REGIONAL CONTRACTOR appropriately extends the timeframe for appeals.
(100% of denials are currently reviewed) (Not Rated)

REGIONAL CONTRACTOR does not/does extend the timeframes for expedited appeals up to 14 calendar days only if the member requests the extension or a need for additional information is demonstrated by REGIONAL CONTRACTOR.

In NA % of expedited appeal files reviewed, REGIONAL CONTRACTOR appropriately extends the timeframe for expedited appeals.

(100% of denials are currently reviewed) (Not Rated)

REGIONAL CONTRACTOR does/does not provide written notice to the member if REGIONAL CONTRACTOR extends the timeframe requirements. (Not Rated)

Documents Reviewed:

CRS Flagstaff Policy and Process for Grievances/Appeals

Comments:

CRS Flagstaff had no extension of timeframe events for grievances, standard appeals and expedited appeals.

Recommendations: None

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

Grievance System

Standard:

GS 17

REGIONAL CONTRACTOR's Notice of Appeal Resolution contains all required elements.

Citations: 42 CFR 438.404; RCPPM Chapter 80.402; Chapter 60.407

Rating: NOT RATED

Findings:

REGIONAL CONTRACTOR's Notice of Appeal Resolution does/does not contain all of the following required elements:

- Results of resolution process and date completed,
- If not resolved wholly in members favor, the legal basis for the decision, the right to and how to request a State fair hearing, the right to receive benefits while hearing is pending and potential liability for costs.

In NA % of appeal files reviewed, the Notice of Appeal Resolution contained all required elements.
(100% of denials are currently reviewed) (Not Rated)

Documents Reviewed:

CRS Flagstaff Policy and Process for Grievances/Appeals

Comments:

CRS Flagstaff did not have any expedited appeals during the review period.

Recommendations: None

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

Grievance System

Standard:

GS 18

REGIONAL CONTRACTOR maintains grievance and appeal logs that identify the complainant, date of receipt, nature of the appeal, date the issue is resolved, and the resolution.

Citations: 42 CFR 438.416; ADHS/Regional Contractor Contract, Task 32; RCPDM Chapter 60

Rating: FULL COMPLIANCE

Findings:

REGIONAL CONTRACTOR does record all required information in the grievance logs.

REGIONAL CONTRACTOR does record all required information in the appeal logs.

Documents Reviewed:

Three non-QOC files reviewed

Comments:

2 of 3 Non-QOCs files reviewed had all of the required information in the grievance logs

98.7% overall score for Non-QOCs

CRS Flagstaff submits quarterly appeals logs that indicated that no appeals were filed during the review period.

Recommendations: None

**ADHS/OC SHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

Grievance System

Standard:

GS 19

REGIONAL CONTRACTOR, as appropriate, continues the member's benefits pending an appeal or State fair hearing in compliance with Federal and State requirements.

Citations: 42 CFR 438.420.b-d; RCPDM Chapter 60.608

Rating: NOT RATED

Findings:

REGIONAL CONTRACTOR does/does not continue the member's benefits pending an appeal or state fair hearing if:

- The member or the provider files the appeal timely,
- The appeal involves the termination, suspension, or reduction of a previously authorized course of treatment,
- The services were ordered by an authorized provider,
- The member requests extension of benefits.
- In NA % of appeal records reviewed, the member's benefits were appropriately continued pending an appeal or state fair hearing. (100% of denials are currently reviewed). (Not Rated)

REGIONAL CONTRACTOR only discontinues providing the member's benefits if:

- The member withdraws the appeal,
- Ten days pass after the MCO or PIHP mails the notice, providing the resolution of the appeal against the member, unless the member, within the 10-day timeframe, has requested a State fair hearing with continuation of benefits until a State fair hearing decision is reached,
- A State fair hearing Office issues a hearing decision adverse to the member,
- The time period or service limits of a previously authorized service has been met.

In NA % of appeal records reviewed, the member's benefits were appropriately discontinued. (100% if denials are currently reviewed). (Not Rated)

REGIONAL CONTRACTOR only recovers the cost of providing the benefit when the final resolution of the appeal is adverse to the member. (REGIONAL CONTRACTOR may choose not to pursue payment).

Documents Reviewed:

CRS Flagstaff Policy and Process for Grievances/Appeals

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

Grievance System

Comments:

No appeals were filed during the review period. However, CRS Flagstaff does have processes in place to continue or discontinue the member's benefits appropriately as identified in the findings above.

Recommendations: None

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

Grievance System

Standard:

GS 20

REGIONAL CONTRACTOR, as appropriate, provides or pays for the disputed services when the appeal resolution is reversed by the State Fair Hearing Officer.

Citations: 42 CFR 438.424.a and b; RCPDM Chapter 60.609

Rating: NOT RATED

Findings:

REGIONAL CONTRACTOR does/does not promptly provide disputed services, when the State Fair hearing officer reverses a decision to deny, limit or delay services that were not provided pending the appeal. (Not Rated)

REGIONAL CONTRACTOR does/does not pay for disputed services, when the State Fair hearing officer reverses a decision to deny authorization of the services and the member received the disputed services while the appeal was pending. (Not Rated)

Documents Reviewed:

CRS Flagstaff Policy and Process for Grievances/Appeals

CRS Flagstaff Claim Dispute Policy

Comments:

No appeals were filed during the review period.

Recommendations: None

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

Grievance System

Standard:

GS 21

REGIONAL CONTRACTOR complies with claims dispute requirements.

Citations: RCPPM Chapter 50

Rating: NOT RATED

Findings:

REGIONAL CONTRACTOR does/does not provide a member/provider with written acknowledgement of receipt of a claim dispute within 5 working days.

__NA__ % of files reviewed contained documentation of written acknowledgement of receipt of a claim dispute within 5 working days.
(100% of denials are currently reviewed) (Not Rated)

REGIONAL CONTRACTOR does/does not provide a provider with written notice of claims dispute within required timeframes.

__NA__% of files reviewed contained documentation that written notices of decision of the claims dispute was provided to the provider within 30 days after the filing of a claims dispute. (100% of denials are currently reviewed) (Not Rated)

REGIONAL CONTRACTOR does/does not document claims dispute decision extension agreements.

__NA__% of files reviewed contained documentation of extension agreements for those decisions not issued within 30 days after the filing of a claims dispute. (100% of denials are currently reviewed) (Not Rated)

Documents Reviewed:

CRS Flagstaff Claim Dispute Policy

Comments:

No appeals were filed during the review period.

Recommendations: None

**ADHS/OC SHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

Grievance System

Standard:

GS 22

REGIONAL CONTRACTOR claim dispute notice of decision includes all required information.

Citations: ARS Title 36, Chapter 29; ARS §12-1518; RCPPM Chapter 50.400

Rating: NOT RATED

Findings:

REGIONAL CONTRACTOR claim dispute notice of decision does/does not include the following:

A statement of the nature of the claim dispute and the issues involved, and will:

- Approve or deny the claim for payment, or
- Affirm or reverse the denial, in whole or in part, or
- Affirm or reverse the sanction, in whole or in part, and
- Include the date of the decision
- Include a statement of the reasons for the decision and the statutes, rules and policies involved, and
- Include a statement that a provider dissatisfied with the decision may request an administrative hearing by filing a request with the CRSA Division of Consumer Rights within 30 days of receipt of the decision. Included with the statement is a description of the provider's right to request an informal settlement conference.

NA% of Notices of Decision included all required information. (100% of denials are currently reviewed) (Not rated)

Documents Reviewed:

CRS Flagstaff Claim Dispute Policy

Comments:

No claim disputes were filed during the review period.

Recommendations: None

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

Grievance System

Standard:

GS 23

REGIONAL CONTRACTOR has a process of recording and maintaining records of claims disputes.

Citations: ARS Title 36, Chapter 29; ARS §12-1518; RCPPM Chapter 50.400

Rating: NOT RATED

Findings:

REGIONAL CONTRACTOR does/does not maintain records of claims disputes. (Not Rated)

Documents Reviewed:

CRS Flagstaff Claim Dispute Policy

Comments:

No claim disputes were filed during the review period.

Recommendations: None

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

Grievance System

Standard:

GS 24

REGIONAL CONTRACTOR pays within 10 business days denied claims reversed in the claims dispute process.

Citations: ARS Title 36, Chapter 29; RCPPM Chapter 50.400

Rating: NOT RATED

Findings:

REGIONAL CONTRACTOR does/does not pay denied claims within 10 business days of the date the denial is reversed. (Not rated)

Documents Reviewed:

CRS Flagstaff Claim Dispute Policy

Comments:

No claim disputes were filed during the review period.

Recommendations: None

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

Medical Management

ADHS REVIEW TEAM:	Ashraf Lasee, Division Chief of Medical Management Michele Reese, Utilization Management Specialist Earlene Allen, Utilization Management Specialist Kristy Benton, Utilization Management Specialist Julie Karcis, Research Manager
CONTRACTOR STAFF:	Joanne Parkes, CRS Administrator William J. Austin, M.D., Medical Director Sheila Schill, Clinical Coordinator/Physical Therapist Suzanne Tackitt, Compliance Representative
DATE OF REVIEW:	June 5 – 7, 2007

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

Medical Management

Standard:

MM 1

REGIONAL CONTRACTOR has implemented procedures for utilization management program requirements, which are consistent with AHCCCS standards.

Citations: AMPM Ch. 1000, Policy 1010; 42 CFR 438.240; 42 CFR 456.1; 42 CFR 456.3; 42 CFR 456.5] CRSA Process Monitoring Tools: Prior Authorization, Retrospective Review, and Concurrent Review

Rating: PARTIAL COMPLIANCE

Findings:

REGIONAL CONTRACTOR has implemented processes for monitoring and evaluating utilization of services which the Plan has identified as variances (both over and under) in utilization patterns.

REGIONAL CONTRACTOR does have policies and procedures related to service authorizations for prior authorization reviews.

REGIONAL CONTRACTOR does have policies and procedures related to service authorizations for concurrent review.

REGIONAL CONTRACTOR does have policies and procedures related to service authorizations for retrospective review.

REGIONAL CONTRACTOR does not assess the quality of services provided when utilization data variances are present (over and under utilization).

REGIONAL CONTRACTOR has not addressed identified variances.

Documents Reviewed:

Minutes from FY07 Program Oversight 1st Quarter Meeting

Minutes from FY07 Program Oversight 2nd Quarter Meeting

Minutes from FY07 Program Oversight 3rd Quarter Meeting

Minutes for Utilization Management Meeting FY2006Q4

Minutes for Quality Management Meeting FY2006Q4

Capacity Report by Month for July 2006 through April 2007

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

Medical Management

CRS Flagstaff Process for Prior Authorizations
Flagstaff Provider Service Requisition Form
CRS Flagstaff Process for Concurrent Review
CRS Flagstaff Concurrent Review Form
CRS Flagstaff Process for Retrospective Review
CRS Flagstaff Retrospective Review Form
Policy and Process for Provider Network and Quality Management, paragraph n
CRS Flagstaff Provider Manual, April 2007, Appendix F – L
Provider Letter, dated 5/7/2007
Drug Utilization Policy
CRS Flagstaff Organizational and Administrative Structure
List of CRS Staff Required Positions and CRS Flagstaff Key Personnel

Comments:

CRS Flagstaff has developed several processes regarding service utilization and conducts quarterly Program Oversight meetings at which service utilization topics are discussed. However, there is no formal policy addressing Clinical Practice Guidelines, and no policy providing for the dissemination of New Medical Technologies. The Drug Utilization policy does not include review of aggregate medication data, though that topic is included in the Program Oversight meetings. Durable Medical Equipment (DME) and other services such as inpatient admissions and emergency services are included for review in the prior, concurrent, or retrospective review policies, but analysis of aggregate data to identify trends and variances is not included in any policies.

Recommendations:

CRS Flagstaff must ensure full implementation of utilization program requirements, including policies for Clinical Practice Guidelines and the dissemination of New Medical Technologies; monitoring inpatient, ambulatory surgery, outpatient, and other services; and analysis of data to identify variances and over/under utilization.

ADHS/OC SHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007

Medical Management

Standard:

MM 2:

REGIONAL CONTRACTOR reviews utilization data and reports trends, variances, analysis/ evaluation, interventions through the Medical Management Committee. REGIONAL CONTRACTOR acts and follows through on committee recommendations.

Citations: AMPM Ch. 1000, Policy 1010; 42 CFR 438.240; 42 CFR 456.1; 42 CFR 456.3; 42 CFR 456.5

Rating: NON-COMPLIANCE

Findings:

REGIONAL CONTRACTOR does not have a forum/meeting to discuss medical/utilization management issues on regular basis.

REGIONAL CONTRACTOR does have minutes from the committee meetings which reflect the following:

- Reporting of data over time reflecting any trends;
- Addresses any untoward trends and minutes reflect analysis and plans for interventions;

REGIONAL CONTRACTOR does not report on the previous meetings recommendations, analyze interventions and make changes based on the recommendations.

Documents Reviewed:

Minutes from FY07 Program Oversight 1st Quarter Meeting

Minutes from FY07 Program Oversight 2nd Quarter Meeting

Minutes from FY07 Program Oversight 3rd Quarter Meeting

Minutes for Utilization Management Meeting FY2006Q4

Minutes for Quality Management Meeting FY2006Q4

Comments:

Program Oversight meetings have not been included in a policy and their purpose, required attendees, and meeting schedule have not been documented. Counts of prior authorization, concurrent review, and retrospective review activities are discussed at the quarterly Program Oversight meetings, but no historical data with trends or patterns is presented. Drug utilization patterns are given for each month in the quarter, including pharmacy total costs, co-pays, mail outs, and adjustment; the top ten medications by count and cost are provided. Data analysis of other topics, such as durable medical equipment, emergency services, and inpatient admissions, is not generally included.

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

Medical Management

Recommendations:

CRS Flagstaff must document the service utilization committee or forum discussions, including their purpose, attendees, and meeting schedule.

CRS Flagstaff must analyze service utilization aggregate data, report trends and variances, and develop interventions, and review results.

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

Medical Management

MM 3

REGIONAL CONTRACTOR has implemented procedures for utilization management program requirements, which are consistent with CRSA and AHCCCS standards.

Ratings: SUBSTANTIAL COMPLIANCE

Findings

REGIONAL CONTRACTOR has implemented processes for monitoring and evaluating utilization of services to include: Inpatient Stays (prior authorization and concurrent review process)

- Ambulatory Surgeries (Prior Authorization)
- Durable Medical Equipment (Prior authorization process)
- Emergent Services (Retrospective review process)
- Inpatient stay (Concurrent Review)

Documents Reviewed:

CRS Flagstaff Process for Prior Authorization
CRS Flagstaff Provider Service Requisition Form (PSR)
CRS Flagstaff process for Concurrent review
CRS Flagstaff Concurrent Review Form
CRS Flagstaff process for Retrospective review
CRS Flagstaff Retrospective review Form
FY 07 Program Oversight 1st Quarter Meeting minutes & sign in sheet
FY 07 Program Oversight 2nd Quarter Meeting minutes & sign in sheet
FY 07 Program Oversight 3rd Quarter Meeting minutes & sign in sheet

Comments:

CRS Flagstaff has implemented prior authorization, concurrent and retro review processes for ambulatory surgery, DME, ER and inpatient stays, however, a few areas need revisions and updates. CRS Flagstaff Prior Authorization, Concurrent and Retrospective review processes did not specify that the Medical Director shall participate in inter-rater reliability training & testing. The Concurrent and Retrospective Review forms did not have an area to indicate the Place of Service. The Concurrent and Retrospective Review processes did not clearly state that the medical professional authorization review staff (RN, BSN Nurse practitioner) have appropriate training to apply

ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007

Medical Management

CRS medical criteria or make medical decisions. The concurrent review process did not clearly state that all prior authorized stays will have a specific date by which the need for continued stay will be reviewed. Some retrospective reviews did not contain clear documentation as to why the contractor denied the claim for service.

An out of state surgery was prior authorized but there was no documentation of concurrent review by CRS Flagstaff; a phone call was made to Stanford hospital by the medical management staff but no follow up by CRS Flagstaff. This does not comply with BBA, AHCCCS, and CRSA standards.

Recommendations:

CRS Flagstaff must: revise the Prior Authorization, Concurrent, and Retrospective review processes to specify that the all staff who are involved in medical necessity determination, including the Medical Director, shall participate in Inter-rater reliability training & testing.

CRS Flagstaff must indicate on the Concurrent and Retrospective Review processes that the medical review professional staff (RN, BSN Nurse Practitioner) has appropriate training to apply CRS medical criteria or make medical decisions.

CRS Flagstaff must update the Concurrent and Retrospective Review forms to indicate the Place of Service.

CRS Flagstaff must amend the concurrent review process to clearly state that all prior authorized stays will have a specific date by which the need for continued stay will be reviewed.

CRS Flagstaff must develop a process and document meeting timelines for concurrent review and the action taken when timelines are not met.

CRS Flagstaff must clearly document the reason for denying the payment for a claim rather than denial of service and must ensure that the reply identifies what has been denied, the reason for the denial, and meet the medical and legal requirements for the denial.

ADHS/OC SHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007

Medical Management

Standard:

MM 4

REGIONAL CONTRACTOR adopts and monitors provider compliance with National clinical practice guidelines and or local standards of practice.

Citations: Contract #HP361008; AMPM Chapter 1000; Policy 1010; 42 CFR 438.114; 438.114; 42 CFR 438.236

Ratings: FULL COMPLIANCE

Findings:

REGIONAL CONTRACTOR has adopted practice guidelines in consultation with the contracting health care professionals that:

- Are reviewed and updated annually by ADHS/CRSA and CRS Regional Contractors Medical Directors.
- Are based on valid and reliable clinical evidence or health care professional consensus,
- Consider the needs of its individuals receiving medical care,
- Are adopted in consultation with contracting health care professionals and CRSA Medical Director,

REGIONAL CONTRACTOR has disseminated CRSA clinical practice guidelines to affected providers; and upon request to individuals receiving medical care.

REGIONAL CONTRACTOR does have adequate structural elements in place for implementation of the Practice Guidelines.

- 10 out of 10 (100%) charts reviewed, present evidence of adequate structural elements in place for the CL/CP patients.

Documents Reviewed:

CRS Flagstaff Provider Manual (Revised April, 2007)

CRS Flagstaff web site (http://www.nahealth.com/pp_fmc/dept_services/childrens_rehabilitaion_services.htm)

Craniofacial Flowchart (to assess and track member receipt of services suggested by Practice Guidelines)

Cleft Lip and Palate Treatment Timeline

CRS Flagstaff Process for Coordinating Provision of Services

CRS Flagstaff Policy and Process for Transfers

CRS Flagstaff Policy and Process for Referrals

Charts of Members with Cleft Lip / Palate diagnosis

ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007

Medical Management

CRS Flagstaff Provider letter re: Provider Manual and Clinical Practice Guidelines
Minutes for CRS Flagstaff FY 07 Program Oversight Meeting

- 1st Quarter (11/7/2006)
- 2nd Quarter (1/30/2007)
- 3rd Quarter (4/24/2007)

Comments:

CRS Flagstaff has procedures in place but no formal written policy for how the Clinical Practice Guidelines are disseminated and adopted. CRS Flagstaff shows evidence that it adopts and disseminates clinical practice guidelines to its providers. CRS Flagstaff should consider creating a written policy for the dissemination and adoption of the Clinical Practice Guidelines.

CRS Flagstaff has developed useful forms for monitoring the adoption and use of the Clinical Practice Guidelines for Cleft Lip and Palate. The Review Team commends CRS Flagstaff for its comprehensive, well-constructed Craniofacial Flowchart. The Craniofacial Flowchart is particularly clear and useful, but not appropriate for use in individual member medical charts. CRS Flagstaff should consider placing a tracking sheet for overall CL/CP services in each member medical chart. CRSA will share examples of such materials with CRS Flagstaff.

Recommendations: None

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

Medical Management

Standard:

MM 5

REGIONAL CONTRACTOR has a structure and process in place for the review of prior authorization requests.

Ratings: SUBSTANTIAL COMPLIANCE

Findings:

REGIONAL CONTRACTOR is using qualified, professional medical staff to conduct authorization review (a physician, physician assistant, nurse practitioner and/or a RN/BSN) with appropriate training to apply CRS medical criteria or make medical decisions.

REGIONAL CONTRACTOR does (have a plan to) ensure that Regional Clinics utilize standardized criterion when making prior authorization decisions.

REGIONAL CONTRACTOR does have a written policy and procedure for prior authorization that include following elements:

Process to authorize services in a sufficient amount, duration, or scope, such as timelines for the standard and expedited review process: 14 calendar days for Standard Request vs. 3 working days for expedited request; with an extension option of 14 calendar days for both.

Shall not arbitrarily deny or reduce the amount, duration, or scope of a medically necessary service.

Consultation with the requesting provider when appropriate.

REGIONAL CONTRACTOR does ensure that Regional Clinics' Medical Directors review, approve and sign all prior authorization denial decisions, including pharmacy.

REGIONAL CONTRACTOR does ensure that any decision rendered by Regional Clinics' Medical Directors to deny a service authorization or to authorize a service in an amount, duration or scope that is less than requested is made by a Physician who has appropriate clinical expertise in treating the member's condition or disease.

In 15 out of 15 (100%) files reviewed, the denial decisions were reviewed for medical necessity by REGIONAL Contractor's Medical Director

In 11 out of 15 (73%) files reviewed, rationale for the denial is clearly documented.

ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007

Medical Management

Documents Reviewed:

CRS Flagstaff Organizational chart
R.N. License for medical authorization staff
CRS Flagstaff Provider Service Requisition Form (PSR)
CRS Flagstaff Prior Authorization Process
Sample of Notice of extension for service Authorization letter
CRSA quarterly Flagstaff site review summaries
FY 07 Program Oversight 1st Quarter Meeting minutes & sign in sheet
FY 07 Program Oversight 2nd Quarter Meeting minutes & sign in sheet
FY 07 Program Oversight 3rd Quarter Meeting minutes & sign in sheet

Comments:

CRS Flagstaff did not specify in their process that non-formulary medications need Prior Authorization. During the interview, CRSA was assured that as Chapter 80 is approved by AHCCCS now, CRS Flagstaff will revise their policies to incorporate all CRSA and AHCCCS recommendations and policies will be sent to CRSA for review and approval.

Some of the older (1st & 2nd quarter) denials for prior authorization of a requested service were not clearly understandable.

Recommendations:

CRS Flagstaff must revise their Prior Authorization process to include non-formulary medications on their list of services to be prior-authorized.

CRS Flagstaff must clearly document what has been denied, the reason for a denial and ensure that the notice to the provider, AHCCCS, and/or the family is sent timely and meets medical and legal requirements.

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

Medical Management

Standard:

MM 6

REGIONAL CONTRACTOR has implemented and monitors the Prior Authorization (PA) process and has adopted an inter-rater reliability plan. Citations: Contract #HP361008; RCPDM Ch. 80; AMPM Chapter 1000, Policy 1020; 42 CFR 438.210; 42 CFR 438.114; 42 CFR 438.114; 42 CFR 422.113(c); CRSA Process Monitoring Tools: Prior Authorization

Ratings: NON-COMPLIANCE

Findings:

REGIONAL CONTRACTOR does not evaluate the consistency with which individuals involved in PA decision making apply the standardized criteria.

REGIONAL CONTRACTOR does not have written policies regarding inter-rater reliability training and testing for staff and medical director on annual basis.

REGIONAL CONTRACTOR does not ensure consistent application of review criteria and compatible decisions that include inter-rater reliability criterion; and monitoring of all staff involved in the review process, including the Regional Medical Director.

REGIONAL CONTRACTOR does not take action when criteria are not being applied in a consistent manner by the PA staff.

REGIONAL CONTRACTOR does have a process in place for review by another physician qualified to make a determination of necessity or denial, in the event an ordering physician challenges a denial.

REGIONAL CONTRACTOR does have a process to notify the requesting provider and/or a member of a decision to deny, limit or discontinue authorization of service and the steps for appealing an authorization decision.

Documents Reviewed:

CRS Flagstaff Organizational Chart

R. N. License for medical/utilization management staff

McKesson Health Solutions LLC professional services agreement with Flagstaff Medical Center including CRS

CRS Flagstaff Prior Authorization Review Policy

CRS Flagstaff Prior Authorization Provider Service Requisition (PSR)

ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007

Medical Management

CRS Flagstaff Concurrent Review Policy
CRS Flagstaff Concurrent Review Form
CRS Flagstaff Retrospective Review-
CRS Flagstaff Retrospective Review-Form
Program goals and objectives and agenda for InterQual training attended by Pam Garcia R.N.
CRS Flagstaff notification of extension for Service Authorization timeframe letter
CRS Flagstaff Notice of action letter
4th Quarter Quality Management sing in sheets & meeting minutes 7/25/06
FY 07 Program Oversight 1st Quarter Meeting minutes & sign in sheet
FY 07 Program Oversight 2nd Quarter Meeting minutes & sign in sheet
FY 07 Program Oversight 3rd Quarter Meeting minutes & sign in sheet

Comments:

Although CRS Flagstaff has a written process in their prior authorization, concurrent and retrospective review policies and procedures regarding the consistent use of standard criteria for compatible decision making, which includes the Medical Director, using InterQual standards, no documentation was available related to the monitoring or implementation of this process.

No documentation was found that CRS Flagstaff evaluated the consistency with which staff involved in decision making apply the standardized criteria. Prior auth/concurrent/retro review decisions made by one nurse were not compared or reviewed by a second nurse and/or by regional contractor's Medical Director. CRS Flagstaff has written policies regarding inter-rater reliability annual training and testing for nursing staff but did not include the Medical Director.

The FMC professional services agreement with McKesson Health Solutions LLC is for InterQual Acute Care.

Recommendations:

CRS Flagstaff must ensure that its Medical Director will participate in inter-rater reliability (IRR) training and testing.

CRS Flagstaff must conduct regular checks for consistent application of standardized criteria, including IRR review criteria, and document the findings.

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

Medical Management

Standard:

MM 6-A

REGIONAL CONTRACTOR has adopted an inter-rater reliability (IRR) plan for Prior Authorization, Concurrent and Retrospective Review. Citations: ADHS/Regional Contractor Contract #HP361008; RCPDM Chapter 80; AMPM Chapter 1000; Policy 1020.

Ratings: NON-COMPLIANCE

Findings:

Prior Authorization

REGIONAL CONTRACTOR does not have written policies regarding inter-rater reliability training and testing for staff and Medical Director on annual basis.

REGIONAL CONTRACTOR does not evaluate the consistency with which individuals involved in PA decision making apply the standardized criterion.

REGIONAL CONTRACTOR does not ensure consistent application of review criterion and compatible decisions that include inter-rater reliability criterion; and monitoring of all staff involved in the review process, including the Regional Contractors Medical Director

REGIONAL CONTRACTOR does not take action when criteria are not being applied in a consistent manner by the PA staff.

REGIONAL CONTRACTOR does have a process in place for review by another physician qualified to make a determination of necessity or denial, in the event an ordering physician challenges a denial.

Concurrent Review

REGIONAL CONTRACTOR does not have written policies regarding inter-rater reliability training and testing for staff (involved in concurrent review) and Medical Director on annual basis.

REGIONAL CONTRACTOR does have uniform review criterion for making hospital length of stay decisions.

REGIONAL CONTRACTOR does not have a plan of action for staff that does not use standard criterion and timeline.

ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007

Medical Management

REGIONAL CONTRACTOR does not evaluate the consistency with which individuals (concurrent review staff) involved in decision-making apply the standardized criteria for severity of illness and intensity of service.

REGIONAL CONTRACTOR does not take action when criteria are not being applied in a consistent manner by concurrent review staff.

Retrospective Review

REGIONAL CONTRACTOR does not have written policies regarding inter-rater reliability training and testing for staff (involved in retrospective review) and Medical Director on annual basis.

REGIONAL CONTRACTOR does have uniform review criterion for conducting medical necessity determination post delivery of services.

REGIONAL CONTRACTOR does not ensure consistent application of review criterion and compatible decisions that include inter-rater reliability criteria.

REGIONAL CONTRACTOR does not take action when criteria are not being applied in a consistent manner by retro-review staff.

Documents Reviewed:

CRS Flagstaff Organizational Chart

R. N. License for medical/utilization management staff

McKesson Health Solutions LLC professional services agreement with Flagstaff Medical Center including CRS

CRS Flagstaff Prior Authorization Review Policy

CRS Flagstaff Prior Authorization Provider Service Requisition (PSR)

CRS Flagstaff Concurrent Review Policy

CRS Flagstaff Concurrent Review Form

CRS Flagstaff Retrospective Review-

CRS Flagstaff Retrospective Review-Form

Agenda for InterQual training attended by Pam Garcia R.N.

CRS Flagstaff notification of extension for Service Authorization timeframe letter

CRS Flagstaff Notice of action letter

4th Quarter Quality Management sing in sheets & meeting minutes 7/25/06

FY 07 Program Oversight 1st Quarter Meeting minutes & sign in sheet

FY 07 Program Oversight 2nd Quarter Meeting minutes & sign in sheet

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

Medical Management

FY 07 Program Oversight 3rd Quarter Meeting minutes & sign in sheet

Comments:

Although CRS Flagstaff has a written process in their prior authorization, concurrent and retrospective review policies and procedures regarding the consistent use of standard criteria for compatible decision making, which includes the Medical Director, using InterQual standards, no documentation was available related to the monitoring or implementation of this process.

No documentation was found that CRS Flagstaff evaluated the consistency with which staff involved in decision making apply the standardized criteria. Prior auth/concurrent/retro review decisions made by one nurse were not compared or reviewed by a second nurse and/or by regional contractor's Medical Director. CRS Flagstaff has written policies regarding inter-rater reliability annual training and testing for nursing staff but did not include the Medical Director.

The FMC professional services agreement with McKesson Health Solutions LLC is for InterQual Acute Care.

Recommendations:

CRS Flagstaff must ensure that its Medical Director will participate in inter-rater reliability (IRR) training and testing.

CRS Flagstaff must conduct regular checks for consistent application of standardized criteria, including IRR review criteria, and document the findings.

ADHS/OC SHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007

Medical Management

Standard:

MM 7

REGIONAL CONTRACTOR has a process for effective concurrent review of the medical necessity of inpatient stays.

Citations: Contract #HP361008, RCPM Ch 80; AMPM Chapter 1000; Policy 1030; 1040; 1050 & 1060 and 42 CFR 438.236 (a), (b), (c);
CRSA Process Monitoring Tools: Concurrent Review

Ratings: SUBSTANTIAL COMPLIANCE

Findings:

REGIONAL CONTRACTOR does have qualified, professional medical staff to conduct review with appropriate training to apply CRS medical criteria or make medical decisions.

REGIONAL CONTRACTOR does ensure that the Regional Clinics utilize a standardized criterion for length of stay determinations.

REGIONAL CONTRACTOR concurrent review staff does have a process in place to communicate with the Regional Medical Director when a CRS member is found ineligible for a particular service or set of services.

REGIONAL CONTRACTOR does ensure that the Regional Clinic Medical Director reviews, approves and signs all inpatient stay denial decisions.

REGIONAL CONTRACTOR has/has not implemented policies that describe what relevant clinical information is to be obtained when making hospital length of stay decisions or level of care determination. (Not Rated)

In _0_ of _0_ (%) files reviewed, hospital stay denial decisions were made by the Regional Clinic Medical Director or physician designee

REGIONAL CONTRACTOR does not evaluate the consistency with which individuals involved in decision-making apply the standardized criteria.

REGIONAL CONTRACTOR does not take action when criteria are not being applied in a consistent manner.

REGIONAL CONTRACTOR does not provide incentives for the individual or entity to deny, limit, or discontinue medically necessary services to any member.

ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007

Medical Management

Documents Reviewed:

CRS Flagstaff Concurrent Review Policy

CRS Flagstaff Concurrent Review Form

R.N. License

McKesson Health Solutions LLC Professional Services agreement with Flagstaff Medical Center including CRS

4th Quarter Quality Management sign in sheets & meeting minutes 7/25/06

FY 07 Program Oversight 1st Quarter Meeting minutes & sign in sheet

FY 07 Program Oversight 2nd Quarter Meeting minutes & sign in sheet

FY 07 Program Oversight 3rd Quarter Meeting minutes & sign in sheet

Comments:

No inpatient stay denials were issued from 7/1/06 thru 3/31/07.

The concurrent review process did not clearly state that all prior authorized stays will have a specific date by which the need for continued stay will be reviewed.

Recommendations

CRS Flagstaff must create a process to evaluate and document the consistency with which individuals involved in decision-making apply the standardized criteria.

CRS Flagstaff must develop a process to take action when criteria are not being applied in a consistent manner.

CRS Flagstaff must revise the concurrent review process to indicate that all prior authorized stays will have a specific date by which the need for continued stay will be reviewed.

ADHS/OC SHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007

Medical Management

Standard:

MM 8

REGIONAL CONTRACTOR has implemented and monitors the concurrent review process.

Citations: Contract #HP361008, RCPM Ch 80; AMPM Chapter 1000, Policy 1030; 1040; 1050 & 1060 and 42 CFR 438.236 (a) (b) (c);
CRSA Process Monitoring Tools: Concurrent Review

Ratings: SUBSTANTIAL COMPLIANCE

Findings:

REGIONAL CONTRACTOR is using qualified, professional medical staff to conduct review (a physician, physician assistant, nurse practitioner and/or a RN/BSN) with appropriate training to apply CRS medical criteria or make medical decisions.

REGIONAL CONTRACTOR does have uniform review criteria for making hospital length of stay decisions

REGIONAL CONTRACTOR does not evaluate the consistency with which individuals involved in decision-making apply the standardized criteria.

REGIONAL CONTRACTOR does specify timeframes and frequency for conducting concurrent review and decisions.

REGIONAL CONTRACTOR does specify that a review of an admission (not prior authorized) will be conducted within 1 business day after notification. The extension of a continued stay shall be assigned a new review date each time a concurrent review occurs.

REGIONAL CONTRACTOR does have a process in place for medical review by another physician qualified when a length of stay or hospitalization is determined to exceed standard medical guidelines or there is no support for level of care or medical necessity.

REGIONAL CONTRACTOR does specify that all denials for continued services shall be signed by the CRS Regional Medical Director.

REGIONAL CONTRACTOR does ensure that the Regional Clinics have a process to notify the requesting provider and member of a decision to deny, limit or discontinue authorization of service and the steps for appealing a decision.

REGIONAL CONTRACTOR does not take action when criteria are not being applied in a consistent manner.

ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007

Medical Management

Documents Reviewed:

CRS Flagstaff Concurrent Review Policy

CRS Flagstaff Concurrent Review Form

R.N. License

McKesson Health Solutions LLC Professional services agreement with Flagstaff Medical Center including CRS

4th Quarter Quality Management sing in sheets & meeting minutes 7/25/06

FY 07 Program Oversight 1st Quarter Meeting minutes & sign in sheet

FY 07 Program Oversight 2nd Quarter Meeting minutes & sign in sheet

FY 07 Program Oversight 3rd Quarter Meeting minutes & sign in sheet

Comments

CRS Flagstaff uses consistent criteria for making hospital length of stay decisions through timely reviews during the stay; with the exception of one out of state hospitalization that did not have any documentation of concurrent review. The meeting minutes reflect that CRS Flagstaff staff received training from ADHS during first quarter MM/UM site visit period on Provider Service Requisition required elements, prior authorization, concurrent and retro review processes and application.

The concurrent review process did not clearly state that all prior authorized stays will have a specific date by which the need for continued stay will be reviewed.

Recommendations

CRS Flagstaff must create a process to evaluate and document the consistency with which individuals involved in decision-making apply the standardized criteria, and to take action when criteria are not being applied in a consistent manner.

CRS Flagstaff must revise the concurrent review process to indicate that all prior authorized stays will have a specific date by which the need for continued stay will be reviewed.

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

Medical Management

Standard:

MM 9

REGIONAL CONTRACTOR makes Inpatient concurrent review decisions in a timely manner.

Citations: Contract #HP361008, RCPPM Ch. 80; AMPM Chapter 1000; Policy 1030; 1040; 1050 & 1060 and 42 CFR 438.236 (a) (b) (c);
CRSA Process Monitoring Tools: Concurrent Review

Ratings: NON-COMPLIANCE

Findings:

REGIONAL CONTRACTOR does monitor and evaluate compliance with the established timelines for making the initial decision.

In _0_ of _0_ files reviewed, Regional Contractor met 1 business day timeline for concurrent review of admissions (not prior authorized).

In 0 of 1 (0%) files reviewed, Regional Contractor did document a new review date each time a concurrent review occurred.

REGIONAL CONTRACTOR does not implement corrective action interventions when established timelines are not met.

Documents Reviewed:

CRS Flagstaff Organization Chart

CRS Flagstaff Required Positions and Key Positions

CRS Flagstaff Concurrent Review Policy

CRS Flagstaff Concurrent Review Form

CRS Flagstaff Member Chart Review File (1)

Comments:

Although CRS Flagstaff has developed a concurrent policy and process, one member Chart Review file, which was an out-of-state hospitalization for 9 days, contained no concurrent reviews and noted one unanswered telephone call to the out-of-state site.

CRS Flagstaff had no emergent admits in FY2007.

Recommendations:

CRS Flagstaff must ensure that concurrent reviews meet required timelines with documented new review dates. A corrective action plan for missed timelines must be established.

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

Medical Management

Standard:

MM 9-A

REGIONAL CONTRACTOR has a process for effective retrospective review of the medical necessity post delivery of services. Citations: Contract #HP361008, RCPDM Ch 80; AMPM Chapter 1000; Policy 1020

Ratings: SUBSTANTIAL COMPLIANCE

Findings:

REGIONAL CONTRACTOR does have policies, procedures, and standard criterion that govern how retrospective review shall be conducted.

REGIONAL CONTRACTOR does have qualified staff that includes an Arizona-licensed nurse/nurse practitioner, or physician with appropriate training to apply CRS medical criteria or make medical decisions.

REGIONAL CONTRACTOR does have a system for maintaining files/documentation in a secured location.

REGIONAL CONTRACTOR does use a standardized criterion to make retro review decisions for medical necessity.

REGIONAL CONTRACTOR does not ensure retro review staff and CRS Regional Medical Director attend Inter-rater Reliability testing annually.

REGIONAL CONTRACTOR ensures retrospective reviews for all emergency services.

REGIONAL CONTRACTOR does utilize a retrospective review form containing many of the essential elements to determine medical necessity for the emergency service.

- Determination of necessity of emergency service setting;
- CRS eligible diagnosis was relevant to emergency services;
- Services met the member's needs;
- Decisions on coverage and medical necessity are clearly document.

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

Medical Management

Documents Reviewed:

CRS Flagstaff Retrospective Review Policy
CRS Flagstaff Retrospective Review Form
Flagstaff Medical Center Inter-Qual Contract
Inter-Qual Certification – Pam Garcia, RN
CRS Process Monitoring Tool—Retrospective Review

Comments:

CRS Flagstaff Retrospective Review Policy is in compliance with CRSA requirements. However, the CRS Flagstaff Retrospective Review form has missing elements (e.g. place of service and timeline met or not met).

Recommendations:

CRS Flagstaff must revise their Retrospective Review form to include all required elements for retrospective review.

CRS Flagstaff must include Medical Director in their Inter-Rater Reliability testing; and indicate that in the Retrospective Review Policy.

ADHS/OC SHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007

Medical Management

Standard: MM 10

REGIONAL CONTRACTOR promotes continuity and coordination through an ongoing source of primary care appropriate to his or her needs. Citations: Contract #HP361008; AMPM Chapter 1000; Policy 1040; 1050 & 1060 42 CFR 438.236 (a) (b) (c); 42 CFR 438.208; and 42 CFR 438.240

Rating: SUBSTANTIAL COMPLIANCE

Findings:

REGIONAL CONTRACTOR does demonstrate care coordination with the primary payer in order to assure all medically necessary care is provided when CRS Regional Clinic denies coverage.

REGIONAL CONTRACTOR does have policies and procedures to address coordination of member care, including protection of member's privacy.

REGIONAL CONTRACTOR does identify that each member has an assigned PCP.

35 of 35 or 100 % of the records reviewed contained documentation of identification of member's PCP.

REGIONAL CONTRACTOR does coordinate care with PCPs as needed to support quality medical management and prevent duplication of services.

24 of 33 or 72.7 % of the records reviewed contained documentation that coordination of care with PCPs occurred as needed to support quality medical management and prevent duplication of services.

REGIONAL CONTRACTOR does ensure for Title XIX/XXI enrolled persons, notification, consultation with, or disclosure of the following information to the person's PCP:

- Coordinate the placement of persons in out-of-state treatment setting,
- Any other events requiring medical consultation with the person's PCP.

23 of 31 or 74.2% of the records reviewed contained documentation that for Title XIX/XXI enrolled persons, the following information was provided to the PCP:

REGIONAL CONTRACTOR does ensure its providers protect member's privacy when coordinating care with PCPs.

ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007

Medical Management

REGIONAL CONTRACTOR for Title XIX/XXI members does have an ETI form for members aging out from CRSA 60 days prior to their 21st birthday;
30 of 30 or 100 % of AHCCCS Exhibit 520-2 were present for members aging out from CRSA..

Documents Reviewed:

CRS Flagstaff Policy and Process for Referrals
CRS Flagstaff Notice of Extension for Referral to ALTCS/Acute Care Contractor
CRS Flagstaff Policy and Process for Transfers—Partial and Total
CRS Flagstaff Policy and Process for Transitions
Pediatric to Adult Transition Services Worksheet
Pediatric to Adult Transition Plan
Transition Letter to PCP Template
Healthcare Directives Process for Flagstaff CHC patients 18+
CRS Flagstaff Process for Coordinating Provision of Services
CRS Flagstaff Transfer Log of Partial/Total Transfers to Other CRS Sites
CRSA ETI Transition Table...July 1,2006 to March 31, 2007
CRSA Care Coordination Chart List
30 ETI forms for Aging-Out Members
Transfer Chart Reviews (20)
Out-of-State Chart Review (1)
Clinical Guidelines Chart Review (6)
Chart Reviews of Denials (2)
Selected Chart Reviews (Prior Auth, Retrospective Review (6)

Comments:

CRS Flagstaff has several policies to ensure coordination of care with primary payer, PCP's, and other CRS sites. CRS Flagstaff demonstrates identification of each member's PCP, but does not ensure coordination of care with all PCP's to support quality medical management. Transition of aging-out members is ensured. The transfer log identifies members transferred to other sites, but does not ensure completion of transfer by stating surgical and/or clinic appointment date and whether this appointment was kept. Total/partial transfers from other CRS sites are not included on the transfer log.

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

Medical Management

Recommendations:

CRS Flagstaff must ensure coordination of care with all PCP's of AHCCCS members by copying all services to primary physicians.

CRS Flagstaff must include appointment times, attendance to complete transfer tracking, and incoming total transfer information in the transfer log.

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

Member Services

ADHS REVIEW TEAM:	Judie Walker, Division Chief of Programs Linda Hamman, Family/Youth Involvement Program Manager
CONTRACTOR STAFF:	Joanne Parkes, CRS Flagstaff Administrator William J. Austin, M.D., Medical Director Susan Boness, Social Worker/Grievance Coordinator Sheila Schill, Clinical Coordinator/Physical Therapist Suzanne Tackitt, Compliance Representative Josie Vaughan, Business Office Manager
DATE OF REVIEW:	June 5-7, 2007

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

Member Services

Standard:

MS 1

All materials in the New Member Orientation Packet have been approved by ADHS/CRSA.

Citations: 42 CFR 438.10; ADHS/Regional Contractor Contract #HP361008; RCPM Chapter 80.500; CRSA New Member Orientation Policy

Rating: FULL COMPLIANCE

Findings:

All materials in the New Member Orientation Packet have been approved by CRSA.

REGIONAL CONTRACTOR does distribute New Member Orientation Packet to members within ten (10) days of enrollment.

The New Member Orientation Packet does include the current member handbook.

The New Member Orientation Packet does include a comprehensive listing of providers and their languages spoken.

Documents Reviewed:

10 member medical charts

Patient Education Form

Psychosocial Profile

New Member Orientation Packet

Comments: None

Recommendations: None

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

Member Services

Standard:

MS 2

REGIONAL CONTRACTOR shall notify affected members on a timely basis (15 days) when a provider leaves the network.

Citations: 42 CFR 438.10; ADHS/Regional Contractor Contract #HP361008; RCPPM Chapter 80.500; CRSA New Member Orientation Policy

Rating: FULL COMPLIANCE

Findings:

The REGIONAL CONTRACTOR does notify affected members on a timely basis when a provider leaves the network.

Documents Reviewed:

Member letter template

Mail Merge letter documentation

Newsletter

CRS Flagstaff Policy and Process for Provider Network

Comments: None

Recommendations: None

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

Member Services

Standard:

MS 3

REGIONAL CONTRACTOR ensures that it notifies affected members of significant program changes at least 30 days prior to the effective date of the change.

Citations: 42 CFR 438.10; ADHS/Regional Contractor Contract #HP361008

Rating: FULL COMPLIANCE

Findings:

The REGIONAL CONTRACTOR does notify affected members of a significant program change at least 30 days prior to the effective date of the change.

Documents Reviewed:

Member letter template

Newsletter

CRS Flagstaff Policy and Process for Provider Network

Comments: None

Recommendations: None

ADHS/OC SHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007

Member Services

Standard:

MS 4

REGIONAL CONTRACTOR complies with federal and state requirements concerning advance directives for all members.

Citations: 42 CFR 438.6; 42 CFR 438.10; 42 CFR 417.436(d); 42 CFR 422.128; 42 CFR 489.100; ADHS/Regional Contractor Contract #HP361008, Task 44; RCPM Chapter 80.502

Ratings: FULL COMPLIANCE

Findings:

REGIONAL CONTRACTOR does maintain written policies and procedures for advance directives.

REGIONAL CONTRACTOR does document the member's decision about whether to develop (execute) an advance directive.

100% of records documented the member's decision about whether to develop (execute) an advance directive.

REGIONAL CONTRACTOR does provide written information on advance directives to members (or the family member(s)/surrogate(s) at the time of enrollment.

100% of records reviewed contained documentation that the member, family member or surrogate received written information on advanced directives.

REGIONAL CONTRACTOR does/does not provide written information on advance directives to members (or the family member(s)/surrogate(s) if the is incapacitated) upon initial enrollment and upon request.

___% of records reviewed contained documentation that the member, family member or surrogate received written information on advanced directives. (Not rated)

Documents Reviewed:

10 member medical charts

Patient Education Form

Psychosocial Profile

HealthCare Documentation Form

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

Member Services

CRS Flagstaff Policy & Process for Transitions
Flagstaff Medical Center Hospital Guidelines & Practice

Comments: None

Recommendations: None

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

Member Services

Standard:

MS 5

The REGIONAL CONTRACTOR offers a comprehensive training function sufficient to provide identified trainings to all personnel and service providers.

Citations: ADHS/Regional Contractor Contract #HP361008, Task 9

Ratings: FULL COMPLIANCE

Findings:

REGIONAL CONTRACTOR does provide evidence of contracted training requirements.

REGIONAL CONTRACTOR does provide evidence of a process in place to identify additional trainings needed.

Documents Reviewed:

Employee Education Hours printout

CRS Flagstaff Policy and Process for Program Oversight

Comments: None

Recommendations: None

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

Network Sufficiency

ADHS REVIEW TEAM:	Ashraf Lasee, Division Chief of Utilization and Medical Management Kristy Benton, Utilization Management Specialist
CONTRACTOR STAFF:	Joanne Parkes, CRS Administrator William J. Austin, M.D., Medical Director Sheila Schill, Clinical Coordinator/Physical Therapist Suzanne Tackitt, Compliance Representative Josie Vaughn, Business Officer Manager
DATE OF REVIEW:	June 5-7, 2007

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

Network Sufficiency

Standard:

NS 1

REGIONAL CONTRACTOR effectively maintains and monitors the sufficiency of its provider network, which includes, but is not limited to, current and anticipated enrollment, current and anticipated utilization of services, number of network providers, number of network providers not accepting new persons, and geographic location of providers.

Citations: 42 CFR 438.206(b)(1)(i) (ii) (iii) (iv) (v); ADHS/Regional Contractor Contract # HP 631008, Task 41; CRS Network Development and Management Plan; RCPMP Chapter 80

Rating: SUBSTANTIAL COMPLIANCE

Findings:

REGIONAL CONTRACTOR does not effectively address any material gaps or deficiencies in the network, including, but not limited to, as described in the annual Provider Network Development and Management Plan and/or the Quarterly Network Status reports.

REGIONAL CONTRACTOR does report anticipated changes to their network in a timely manner to CRSA.

REGIONAL CONTRACTOR does monitor and effectively manage transitions necessitated by network changes to assure they occur in a manner that is least disruptive to the member.

Documents Reviewed:

CRS Flagstaff Policy and Process for Provider Network and Quality Management (originated 1/22/07; updated 5/23/07)

CRS Flagstaff Provider Manual

Current and Anticipated CRS Flagstaff Enrollment

Current and Anticipated CRS Flagstaff Utilization of Services, July 06 – April 07

CRS Flagstaff Clinic Capacity Reports, July, 2006 – March, 2007

CRS Flagstaff Provider Network Task Force Meeting Minutes

- March 20, 2007
- January 9, 2007
- September 19, 2006

E-mail communications between CRS Flagstaff and CRSA regarding provider network data, and cancellation and rescheduling of ophthalmology and nephrology clinics

List of Network Providers by Specialty Service

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

Network Sufficiency

- http://www.nahealth.com/pp_fmc/dept_services/ccna/Flagstaff_Provider_List_03-15-07.xls

List of Ancillary Providers

- http://www.nahealth.com/pp_fmc/dept_services/ccna/Flag_Ancillary_Providers_3-15-07.xls

Flagstaff Children's Health Center/CRS Physicians/Providers Roster NPI # & Med License #

List of Specialty Services

FY 2007 Clinic and Field Clinic schedules

Number of Specialty Clinic Referrals, Proportion of Appointments within 45 Days, Average Appointment Waiting Time, and

Proportion of Capacity Utilized, by Specialty Clinic and CRS Regional Clinic: Flagstaff, FY07 Quarters 1-3

Number of specialty Clinic Referrals, Proportion of Appointments within 45 Days, Average Appointment Waiting Time, and Proportion of Capacity Utilized, by Specialty Clinic and CRS Regional Clinic, Q1-3

CRS Flagstaff 3rd Quarter Scheduled and Actual Visit, # of no-show and # of clinics cancelled by site and by specialty

CRS Flagstaff list of current policies and procedures

FY 07 Program Oversight Meeting Minutes, 4/24/07

- 3rd Quarter, 4/24/2007
- 2nd Quarter, 1/30/2007
- 1st Quarter, 11/7/2006

Comments: None.

Recommendations:

CRS Flagstaff must meet 45-day timelines for members' referrals to specialty clinic appointments.

CRS Flagstaff must analyze the availability of specialty providers within its catchment area and formulate a plan to meet specialty appointment needs of its members, whether by increasing membership in the provider network and agreements for the provision of services by out of network specialists, increasing the number of clinics held on site, and/or seeking specialty services for its members via partial or full transfers to other CRS sites.

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

Network Sufficiency

Standard:

NS 2

REGIONAL CONTRACTOR ensures covered services are available and accessible to its eligible enrolled members receiving medical care; and provides for second opinion as necessary or requested.

Citations: CFR 438.206(b)(3); 42 CFR 438.206(b)(4) and (5); 42 CFR 438.206(c)(1)(iv-vi); ADHS/Regional Contractor Contract # HP 631008, Tasks 23 and 41

Rating: FULL COMPLIANCE

Findings:

REGIONAL CONTRACTOR does as necessary, or upon request, provide for a second opinion from a qualified health care professional who is an AHCCCS-registered provider (in or out-of-network).

REGIONAL CONTRACTOR does provide the second opinions free of charge to individuals receiving medical care.

Documents Reviewed:

- CRS Flagstaff Provider Manual pp. 6, 23
- CRS Flagstaff Member and Family Orientation Packet
- CRS Flagstaff Policy and Process for Referrals
- CRS Flagstaff Policy and Process for Transitions (last reviewed and updated 5/2/2007)
- CRS Flagstaff Policy and Process for Provider Network and Quality Management (originated 1/22/07; updated 5/23/07)

Comments: None

Recommendations: None

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

Network Sufficiency

Standard:

NS 3

REGIONAL CONTRACTOR arranges for an out-of-network provider to provide a necessary service when it is unable to provide the service in an adequate and timely fashion through a network provider.

Citations: ADHS/Regional Contractor Contract # HP 631008, Tasks 41; RCPM Chapter 80

Rating: FULL COMPLIANCE

Findings:

REGIONAL CONTRACTOR does arrange for an out-of-network provider to provide a necessary service that it is unable to provide in an adequate and timely fashion.

REGIONAL CONTRACTOR does ensure that out-of network providers coordinate payment with REGIONAL CONTRACTOR; ensuring costs to member are no greater than if services were furnished within the network.

Documents Reviewed:

CRS Flagstaff Provider manual, p. 25

Three Single Case Agreement letters between Flagstaff Medical Center dba CRS of Northern Arizona and out of network providers for provision of medical services

CRS Flagstaff Policy and Process for Referrals

Comments: None

Recommendations: None

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

Network Sufficiency

Standard:

NS 4

REGIONAL CONTRACTOR ensures that urgent pharmacy services are available to members during non CRS clinic hours.

Citations: 42 CFR 438.12; ADHS/Regional Contractor Contract # HP 631008, Task 27

Rating: NON-COMPLIANCE

Findings:

REGIONAL CONTRACTOR does not provide pharmacy services available after hours, weekends and holidays.

Documents Reviewed:

CRS Flagstaff Provider Manual, p. 22

CRS Flagstaff Member and Family Orientation Packet

Comments:

Due to the geographic diversity of its members and the long distances required to travel to the Clinic, CRS Flagstaff has a system in place which meets most member pharmacy requests through a mailing system.

CRS Flagstaff has no pharmacy policy; and pharmacy services are not available after hours and/or weekends, according to CRS Flagstaff staff during Admin Review interview.

Recommendations:

CRS Flagstaff must develop a written pharmacy policy / process.

CRS Flagstaff must develop a mechanism to provide urgent pharmacy services to members during non-CRS clinic hours.

**ADHS/OC SHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

Network Sufficiency

Standard:

NS 5

REGIONAL CONTRACTOR maintains a non-discriminatory process for selection and retention of its providers.

Citations: 42 CFR 438.12; 438.214; 42 CFR 438.12(a) (1); ADHS/Regional Contractor Contract # HP 631008; RCPDM Chapter 80

Rating: FULL COMPLIANCE

Finding:

REGIONAL CONTRACTOR does effectively use written policies and procedures and all other available information to ensure the effective selection and retention of providers that includes:

- Nondiscrimination of providers that serve high-risk populations or specialize in conditions that require costly treatment,
- Exclusion of providers prohibited from participation in federal health care programs,
- Compliance with state requirements for credentialing and recredentialing.

Documents Reviewed:

CRS Flagstaff Provider Manual (Quality Management section, p. 31; Appendix #: CRSA Peer Review Process)

- Form: Review of Credentials/Files for CRS Flagstaff Contracted Providers (indicates whether or not provider is excluded from participation in Federal Health Programs)

CRS Flagstaff Policy and Process for Provider network and Quality Management

Flagstaff Children's Health Center/CRS Physicians/Providers Roster NPI # & Med License #

FY 07 Program Oversight 2nd Quarter Meeting Minutes (1/30/2007)

Comments: None

Recommendations: None

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

Network Sufficiency

Standard:

NS 6

REGIONAL CONTRACTOR does not discriminate against providers in terms of participation, reimbursement, or indemnification based solely on licensure or certification and provides reason for declining to contract with a provider.

Citations: 42 CFR 438.12; ADHS/Regional Contractor Contract # HP 631008; RCPPM Chapter 80.

Rating: FULL COMPLIANCE

Findings:

REGIONAL CONTRACTOR does have policies and procedures prohibiting discrimination against providers in terms of participation, reimbursement, or indemnification based solely on licensure or certification.

REGIONAL CONTRACTOR does give providers written notice of its reason when declining to contract with individual providers or groups of providers.

Documents Reviewed:

CRS Flagstaff Provider Manual

CRS Flagstaff Policy and Process for Provider network and Quality Management

Flagstaff Children's Health Center/CRS Physicians/Providers Roster NPI # & Med License #

FY 07 Program Oversight 2nd Quarter Meeting Minutes (1/30/2007)

Comments: None

Recommendations: None

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

Quality Management

CRSA REVIEW TEAM:

**Dr. Mike Clement, CRSA Medical Director
Stephen Burroughs, Division Chief for Quality Management
Allen Anna, Quality Management Specialist
Thara MacLaren, Research Analyst Manager
Cheryl Figgs, QM Coordinator (nurse)
Marie Badr, QM Coordinator (nurse)
Heather Dunn, PIP Coordinator**

CONTRACTOR STAFF:

**Joanne Parkes, Administration
Suzanne Tackitt, Compliance Office
Pam Garcia, Quality Management/Utilization Coordinator**

DATE OF REVIEW:

June 5 - 7, 2007

**ADHS/OC SHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

Quality Management

Standard:

QM 1

REGIONAL CONTRACTOR is staffed with sufficient appropriately qualified personnel (i.e. social workers, audiologist, speech-language pathologists, orthotists, prosthetists, pharmacists, physical therapists, occupational therapists, and other ancillary personnel) to carry out the functions and responsibilities of the CRS program.

Citations: ADHS/ /Regional Contractor Contract #HP361008, Task 20; RCPM Chapter 10.206; AMPM Chapter 900 Policy 910.C.5

Rating: FULL COMPLIANCE

Findings:

REGIONAL CONTRACTOR is not JCAHO accredited during the review period.¹

REGIONAL CONTRACTOR does have sufficient staff of appropriately qualified personnel to carry out the functions and responsibilities specified in a timely and competent manner.

REGIONAL CONTRACTOR does have evidence to support the hiring of qualified and experienced professionals.

REGIONAL CONTRACTOR does document in the member's file supervision of licensed professionals when supervision is required by the license.

REGIONAL CONTRACTOR does have an organizational chart.

Documents Reviewed:

Five Human Resource files

CRS Flagstaff Organization Chart

Comments: None

Recommendations: None

¹ If the regional CRS is accredited by JCAHO the standard is met and no additional findings necessitate review.

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

Quality Management

Standard:

QM 2

REGIONAL CONTRACTOR'S Peer Review process is clearly defined.

Citations: AMPM Chapter 900, Policy 910.C.4

Rating: FULL COMPLIANCE

Findings:

REGIONAL CONTRACTOR does make providers aware of the peer review process.

REGIONAL CONTRACTOR does make providers aware of the peer review grievance/appeal procedure.

REGIONAL CONTRACTOR'S medical director or his/her designee does/does not participate in the CRSA peer review committee.
(Not Rated)

REGIONAL CONTRACTOR does/does not implement recommendations made by CRSA's Peer Review Committee.
(Not Rated)

Documents Reviewed:

CRS Flagstaff Provider Manual

Comments:

CRS Flagstaff has adopted CRSA's Peer Review process. However, no peer review was conducted during the review period.

Recommendations: None

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

Quality Management

Standard:

QM 3

REGIONAL CONTRACTOR maintains a health information system that reports and submits data as required by CRSA.

Citations: RCPM Chapter 50.208; AMPM Chapter 900, Policy 910.C.7, 940.2.a.2; 42 CFR 438.242

Rating: FULL COMPLIANCE

Findings:

REGIONAL CONTRACTOR does verify the accuracy and timeliness of reported data.

REGIONAL CONTRACTOR does screen the data for completeness, logic and consistency.

REGIONAL CONTRACTOR does collect service information in standardized formats to the extent feasible and appropriate.

REGIONAL CONTRACTOR'S Health Information System does include required demographic information (member's name, address, telephone number, AHCCCS identification number, CRSA identification number, gender, age, date of birth, marital status, next of kin, and if applicable, guardian or authorized representative).

REGIONAL CONTRACTOR'S Health Information System does include provider characteristics (provider identification number).

REGIONAL CONTRACTOR'S Health Information System does include services provided to recipients.

REGIONAL CONTRACTOR'S Health Information System does include other information necessary to guide the selection of, and meet the data requirements for PIPs and QM/PI oversight.

REGIONAL CONTRACTOR does ensure confidentiality of protected health information.

Documents Reviewed:

CRS Flagstaff monthly Claim Accuracy/Data Integrity Reports

FY 07 Key Indicators - Data Management

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

Quality Management

Comments:

CRS Flagstaff submits a monthly Claims Accuracy/Data Integrity Report. For the review period, CRS Flagstaff had a 100% accuracy rate.

The total percentage of Encounters accepted by CRSA during the review period was 91.38%.

Recommendations: None

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

Quality Management

Standard:

QM 4

REGIONAL CONTRACTOR oversees and maintains accountability for all functions or responsibilities delegated to other entities.
Citations: RCPM Chapter 80.300; AMPM Chapter 910.A.1.h, 910.C.6, and 950.3; 42 CFR 438.230

Rating: NON-COMPLIANCE

Findings:

REGIONAL CONTRACTOR does have a written agreement that specifies activities and report responsibilities designated to the subcontractor.

REGIONAL CONTRACTOR does ensure that a written agreement that provides for revoking delegation or imposing other remedies/sanctions if the subcontractor's performance is inadequate.

REGIONAL CONTRACTOR does not monitor the delegated entity on an ongoing basis and reviews them formally at least annually.

REGIONAL CONTRACTOR does not ensure that the subcontractor implements corrective action if any deficiencies are identified.

REGIONAL CONTRACTOR does not have evaluation reports and CAP documentation, as necessary, to ensure quality for all delegated activities.

Documents Reviewed:

Transcription Services Agreement, Maintenance and Support Agreement

Interpretation Services Contract

Single Case Agreement

Professional Services Agreement Children's Health Center

Hangar Orthotic and Prosthetic Services Agreement

Durable Medical Equipment Agreement between Children's Rehabilitative Services at Flagstaff Medical Center and Apria

Comments:

Although CRS Flagstaff may be utilizing the Quality of Care Database, no evidence was provided indicating that they formally review the delegated services.

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

Quality Management

Recommendations:

CRS Flagstaff must establish a policy/process for monitoring its delegated entities on an ongoing basis and review them formally at least annually.

CRS Flagstaff must ensure that the subcontractor implements corrective action if any deficiencies are identified.

CRS Flagstaff must have evaluation reports and CAP documentation, as necessary, to ensure quality for all delegated activities.

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

Quality Management

Standard:

QM 5

REGIONAL CONTRACTOR has a process for reviewing and evaluating quality of care complaints and allegations.

Citations: ADHS/Regional Contractor Contract #HP361008, Task 32; RCPMP Chapter 60.200 and 80.302; AMPM Chapter 900, Policy 910 and 960. 5; 42 CFR 438.240

Rating: NON-COMPLIANCE

Findings:

REGIONAL CONTRACTOR does not ensure quality of care complaints received anywhere in the organization are referred to Quality Management for investigation and resolution.

REGIONAL CONTRACTOR does not have a system in place for monitoring and oversight of the quality of care process.

Documents Reviewed:

CRS Flagstaff Policy and Process for Grievances/Appeals
Ten Quality Files

Comments:

During the interview with staff, it was determined and confirmed that external QOC issues were not currently being monitored.

Recommendations:

CRS Flagstaff must include a formal corrective action process in the CRS Flagstaff Policy and Process for Grievances/Appeals on an individual case basis and from a system perspective.

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

Quality Management

Standard:

QM 6

REGIONAL CONTRACTOR resolves quality of care/service issues communicated by enrolled member and contracted providers.
Citations: ADHS/Regional Contractor Contract #HP361008, Task 32; AMPM Chapter 910, 920, and 960; 42 CFR 438.214

Rating: FULL COMPLIANCE

Findings:

REGIONAL CONTRACTOR has been found to be 99.61% percent compliant with AMPM requirements after review of 10 quality-of-care files.

REGIONAL CONTRACTOR has developed an action plan to reduce/eliminate the likelihood of a complaint/abuse reoccurring.

REGIONAL CONTRACTOR does communicate the resolution of the concern to the member/member's guardian.

REGIONAL CONTRACTOR has determined and implemented appropriate interventions.

REGIONAL CONTRACTOR does monitor the success of interventions developed as a result of recipient complaint/abuse issues.

REGIONAL CONTRACTOR does incorporate successful interventions into the QM program or assign new interventions/approaches when necessary.

Documents Reviewed:

Ten Quality Files

Comments: None

Recommendations: None

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

Quality Management

Standard:

QM 7

REGIONAL CONTRACTOR has a process in place for improving CRSA defined performance measures and continually improves its performance measure outcomes.

Citations: ADHS//Regional Contractor Contract #HP361008, Task 32; 42 CFR 438.240 (b)(2) and (c)

Rating: FULL COMPLIANCE

Findings:

REGIONAL CONTRACTOR does submit accurate performance measurement data to enable them to measure REGIONAL CONTRACTOR's performance (below 85% accuracy results in non-compliance).²

REGIONAL CONTRACTOR does meet the minimum performance levels.

REGIONAL CONTRACTOR does submit timely performance measurement data to enable CRSA to measure REGIONAL CONTRACTOR's performance (below 90% in timeliness results in non-compliance).

REGIONAL CONTRACTOR does develop and implement corrective actions to improve performance.

Documents Reviewed:

Performance Improvement Charts/Results July 1, 2006 to March 31, 2007

Comments:

Performance Standards July 1, 2006 to March 31, 2007

10 Day Performance Measure (Preliminary Eligibility):	90.4%
10 Day Performance Measure (Preliminary Ineligibility):	89.5%
10 Day Performance Measure (Incomplete Referral Form):	75.0%

² If regional contractor does not meet the accuracy standard then the regional contractor automatically does not meet the next standard on minimum performance levels.

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

Quality Management

30 Day Performance Measure (Timeliness of Initial Evaluation):	95.4%
45 Day Performance Measure (First Appointment with CRS Specialty Provider):	92.5%

CRS Flagstaff had an 85.0% accuracy of performance measure data.

CRS Flagstaff submitted performance measure data 100% of the time.

Recommendations: None

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

Quality Management

Standard:

QM 8

REGIONAL CONTRACTOR participates and supports all CRSA Performance Improvement Projects that focus on clinical and non-clinical areas.

Citations: ADHS/ Regional Contractor Contract, Task 32; RCPPI Chapter 60.200 and 80.300; 42 CFR 438.240(b)(1) and (d)

Rating: FULL COMPLIANCE

Findings:

REGIONAL CONTRACTOR does implement system interventions to achieve improvement in quality.

REGIONAL CONTRACTOR does initiate activities for increasing or sustaining improvement.

REGIONAL CONTRACTOR does participate in PIP activities.

REGIONAL CONTRACTOR does have assigned PIP Coordinator/Lead.

REGIONAL CONTRACTOR does provide timely and accurate performance improvement data/records as requested per CRSA.

Documents Reviewed:

No-Show Policy

Transition Policy

Non-Utilization PIP Meeting Minutes

Comments:

Once CRS Flagstaff was made aware of the specific requirements of the Transition PIP, they implemented processes to ensure compliance with the main indicator.

CRS Flagstaff has demonstrated compliance with all items, and has implemented the processes necessary to improve PIP indicators. Staff members have responded promptly to all requests and have actively participated in all meetings and trainings.

CRS Flagstaff has provided 100% of records requested for review for indicator measurements.

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

Quality Management

Recommendations: None

**ADHS/OC SHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

Quality Management

Standard:

QM 9

REGIONAL CONTRACTOR'S medical board reviews all credentialing/re-credentialing and provisional credentialing policies.
Citations: ADHS/Regional Contractor Contract #HP361008, Task 32; AMPM Chapter 900.950; 42 CFR 438.214

Rating: SUBSTANTIAL COMPLIANCE

Findings:

REGIONAL CONTRACTOR is not JCAHO accredited during the review period.³

- JCAHO certification lasts 3 years. Verify JCAHO certification through website at <http://www.qualitycheck.org/consumer/searchQCR.aspx>

REGIONAL CONTRACTOR does not have a credentialing process that is defined to meet the CRSA and AHCCCS requirements.

REGIONAL CONTRACTOR does have a process for granting, renewing, or revising setting-specific clinical privileges.

REGIONAL CONTRACTOR does identify the Medical Director or designated physician as being responsible for oversight of the credentialing and re-credentialing and provisional decisions.

REGIONAL CONTRACTOR does identify the role of the credentialing committee.

Documents Reviewed:

CRSA finding January 22nd and 23rd (See Letter sent to FMC on 2/13/07)

Flagstaff Regional Medical Center By-Laws

Memorandum: Board of Directors Actions on Allied Health Practitioners

Comments:

CRS Flagstaff has been under a CAP since February 13, 2007. Compliance with that CAP will satisfy this standard.

³ If the regional CRS is accredited by JCAHO the standard is met and no additional findings necessitate review.

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

Quality Management

Recommendations:

CRS Flagstaff must demonstrate that the FMC board has approved amendments to the By-Laws and show implementation within the credentialing/re-credentialing files.

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

Quality Management

Standard:

QM 10

REGIONAL CONTRACTOR must ensure implementation of credentialing, re-credentialing and provisional credentialing of the providers in its subcontractors' provider network.

Citations: ADHSA/Regional Contractor Contract #HP361008, Task 32; AMPM Chapter 900. 950; 42 CFR 438.214

Rating: PARTIAL COMPLIANCE

Findings:

REGIONAL CONTRACTOR is not JCAHO accredited during the review period.⁴

- JCAHO certification lasts 3 years. Verify JCAHO certification through website at <http://www.qualitycheck.org/consumer/searchQCR.aspx>

REGIONAL CONTRACTOR has not been found to be compliant with the AMPM credentialing/re-credentialing requirements.

REGIONAL CONTRACTOR does appropriately credential its providers with which it contracts.

REGIONAL CONTRACTOR does meet all of the re-credentialing requirements.

Documents Reviewed:

Flagstaff Regional Medical Center By-Laws

Six credentialed files

Memorandum: Board of Directors Actions on Allied Health Practitioners

Comments:

6 out of 6 (100.0%) credentialed files reviewed had the attestation statement that the provider lacks the presence of illegal drugs (or substance use).

⁴ If the regional CRS is accredited by JCAHO the standard is met and no additional findings necessitate review.

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

Quality Management

Recommendations:

Flagstaff Medical Center must approve the Bylaw revisions as outlined in the May 2, 2007 Corrective Action Plan and demonstrate implementation of those provisions.

**ADHS/OC SHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

Quality Management

Standard:

QM 11

REGIONAL CONTRACTOR meets delivery dates for medical eligibility denials and care coordination upon first visit.

Citations: ADHS/Regional Contractor Contract #HP361008, Task 6, Task 11; RCPPM Chapter 20.401, 20.403, 80.407

Rating: NON-COMPLIANCE

Findings:

REGIONAL CONTRACTOR does not send a consultation report to the referring physician and health plan/program contractor within 30 days of the first clinic visit.

REGIONAL CONTRACTOR does not have a determination process for members participating in the CRS programs including a process for the 10 working day approval notice to the referring physician and health/plan program contractor.

REGIONAL CONTRACTOR does not have a determination process for members participating in the CRS programs including a process for the 5 day denial notification to the health plan/program contractors and providers.

Documents Reviewed:

30 Medical Records

Comments:

Five medical records (38.5%) demonstrated that the consultation report was sent to BOTH the referring physician and health plan/program contractor within 30 days of the first clinic visit out of 13 clinical visits.

- 7 of 13 medical records demonstrated that the consultation report was sent ONLY to the referring physician within 30 days of the first clinic visit out of 13 clinic visits.
- 1 of 13 medical records demonstrated that the consultation report was sent ONLY to the health plan/program contractor within 30 days of the first clinic visit out of 13 clinic visits.
- 0 of 13 medical records demonstrated that the consultation report was NEITHER sent to the referring physician NOR health plan/program contractor within 30 days of the first clinic visit.

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

Quality Management

4 medical records out of 18 (22.2%) demonstrated the approval notification was sent to BOTH the referring physician and health/program contractor within 10 working days.

- 13 of 18 medical records demonstrated the approval notification was sent to ONLY the referring physician within 10 working days.
- 0 of 18 medical records demonstrated the approval notification was sent to ONLY the health plan/program contractor within 10 working days.
- 1 of 18 medical records demonstrated the approval notification was NEITHER sent to the referring physician NOR the health plan/program contractor within 10 working days.

3 of 11 medical records (27.2%) demonstrated the denial notification was sent to BOTH health plan/program contractors and providers within 5 working days

- 7 of 11 medical records demonstrated the denial notification was sent to ONLY the providers within 5 working days.
- 0 of 11 medical records demonstrated the denial notification was sent to ONLY the health plan/program contractors within 5 working days.
- 1 of 11 medical records demonstrated the denial notification was NEITHER sent to the referring physician NOR the health plan/program contractors within 5 working days.

Recommendations:

CRS Flagstaff must ensure the consultation report is sent to BOTH the referring physician and health plan/program contractor within 30 days of the first clinic visit and is documented in the medical record.

CRS Flagstaff must ensure the approval notices to BOTH the referring physician and health/plan program contractor are sent within 10 working days and are documented in the medical record.

CRS Flagstaff must ensure eligibility denial notifications are sent to BOTH the referring physician and health plan/program contractor within 5 working days of denial determination and are documented in the medical record.

**ADHS/OC SHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

Quality Management

Standard:

QM 12

REGIONAL CONTRACTOR has implemented a process to ensure that medical records are accurate, current, and confidential.
Citations: RCPM Chapter 70.101; AMPM Chapter 940

Rating: FULL COMPLIANCE

Findings:

REGIONAL CONTRACTOR is not JCAHO accredited during the review period.⁵

- JCAHO certification lasts 3 years. Verify JCAHO certification through website at <http://www.qualitycheck.org/consumer/searchQCR.aspx>

REGIONAL CONTRACTOR does have a process to ensure the organization and its providers have information required for:

- Effective and continuous patient care through accurate medical record documentation of each member's health status, changes in health status, health care needs, and health care services provided,
- Quality review, and
- The conduct of an ongoing program to monitor compliance with those policies and procedures.

REGIONAL CONTRACTOR has implemented a process to ensure a complete, accurate, and timely medical record.

REGIONAL CONTRACTOR does have a process to ensure confidentiality of protected health information.

REGIONAL CONTRACTOR has implemented the process to ensure confidentiality of protected health information.

Documents Reviewed:

30 Medical Records

Comments:

A total of 30 medical records were reviewed, and the overall score was calculated at 90.93%.

CRS Flagstaff should consider implementing a process to ensure a complete medical record in the following areas:

⁵ If the regional CRS is accredited by JCAHO the standard is met and no additional findings necessitate review.

**ADHS/OCSHCN
CHILDREN'S REHABILITATIVE SERVICES ADMINISTRATION
ADMINISTRATIVE REVIEW TOOL 2007**

Quality Management

- Member Identification on each page (66.66%)
- Maintain copies of pharmacy prescriptions and/or Medication profile in each member record (68.75%)
- Documentation initialed by provider to signify review of:
 - Reports from referrals/consults/specialists (77.27%)
 - Hospital Discharge Summaries (62.50%)
- Past Medical History Includes:
 - Smoking, alcohol/substance abuse including parents/member (25.0%)

Recommendations: None